

Dear seminar participants!

The following pages have been taken from my habilitation thesis and constitute one out of several chapters on the professionalisation and popularisation of African healers. Preparing the electronic version of this chapter I detected that to include the illustrations which I provided in the printed copy of the manuscript would have enlarged the document in an undue manner. I therefore decided to leave out the illustrations– even though they are fantastic! – and will hopefully be able to show at least some of them to you in my presentation.

Regards,

Kirsten Rüther.

Kirsten Rüther

# ***Meandering Paths***

*African Healers' Professionalisation and  
Popularisation  
in Processes of Transformation  
in South Africa, 1930-2004*

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### 3

## **Attempted Professionalisation**

### *Formal Presentations of Healers' Associations to the Authorities*

#### **Reading the Archive**

Contrary to the potentially entertained expectation that African healing is an orally performed and ritual culture, healers used pen and paper, typewriter and printing facilities to articulate, realise and defend their aspirations. Ever since the first professional associations of healers began to take shape in the early 1930s, their functionaries became assiduous scribes, producing pamphlets, petitions, bylaws, requests and resolutions, on the whole a multifaceted correspondence. Quite often rendered in rather an eye-catching fashion through the use of images, emblems and arrangement of slogans, this material was directed by healers of various associations at the authorities of the South African state. Healers submitted self-legitimising documents such as licences, certificates and membership cards which the associations issued to their members while the state showed reluctance to provide the aspiring profession with such documents. These documents were texts in which the authors represented their profession in terms that engaged with the language and documentary styles of an official bureaucracy which claimed cultural superiority.

Keeping to the official channels of communication for their correspondence with the government, the petitioners directed letters, information and requests to either the Department of Native Affairs or the Department of Health in Pretoria. In the state departments the "Minister of Health", the "Minister of Public Health", the "Secretary for Public Health", the "Medical Minister" and the "Secretary of Native Affairs" received over the years virtually hundreds, if not thousands, of petitions. The officials in the departments named above were politically responsible in the two major departments which provided social welfare to Africans. Many petitions and similar documents were drawn up not by individual healers but by healers' associations, or their legal brokers, who requested the official recognition of healers and their activities in the various towns of the country. At some point the administration filed the bulk of the material into card folders which they captioned "Ethnology and

Customs: inyangas and herbalists (Dingaka Associations)", "Inyangas and Herbalists: Licences", "Dingaka Associations", or "Inyanga Licences". Further documents were scattered over the files of other departments and had to be located after some scrutiny. Most of the documents available were written in English, the preferred language of the urban and the socially aspiring. The few documents submitted in African languages were frequently translated for official use.<sup>1</sup>

As members of a community whose discourse was marginalized in South Africa, a variety of health practitioners and ritual specialists raised their voices self-confidently and articulated their concern in order to achieve official acknowledgement of healers' professionalisation. They faced the problem, however, that the wider political establishment did not take immediate notice of this specific concern. Hence the files of the administration became an archive of voices, with healers vying for recognition, while the state demonstrated its reluctance to assist the process of professionalisation. Despite this failed communication healers adhered to this form of presenting their concern for a couple of decades. After the voices started to relapse into silence towards the late 1950s, the documents remained an historical legacy indicating today that a group of people, which by common perception, has often been stylised as traditional, uneducated and secretive, resorted to this formally sophisticated way of presenting the case of their intended yet thwarted professionalisation which was, in addition, consciously carried out in the public arena and, therefore, highly transparent. The source material does not allow one to arrive at final conclusions about the significance of literacy in the African healing profession, but it stands as a reminder that literacy played a part in this profession, whose protagonists have commonly been considered "uneducated", "pagan" and illiterate.

The archive which historians are able to access today consists of letters, requests, leaflets, constitutions and certificates. The documents resemble the title deeds, certificates, exemption papers and "letters" which formally helped create social and economic differentiation among black Africans. Towards the end of the nineteenth and at the beginning of the twentieth centuries, the acquisition of such documents was vital for being granted exemption from the provisions of "native laws". After the passing of the Urban Areas Act of 1923, a process that had started as a matter of prestige, and that had promised the holder to be of "civilised" status, started to take on a new significance. The possession of letters and

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<sup>1</sup> South African National Archives, Pretoria (SAB), Department of Health: GES 1783 25/30D, GES 1784 25/30E, GES 1785 25/30G, GES 1786 25/30H, GES 1786 25/30J, GES 1787 25/30K, GES 1788 25/30M, GES 1789 25/30S, GES 1834 74/30; Department of Native Affairs: NTS 7275 537/326, NTS 9302 1/376, NTS 9302 2/376, NTS 9303 4/376, NTS 9303 7/376, NTS 9303 9/376, NTS 9305 12/376.

certificates became critical in the achievement of upward social mobility. Letters helped with the acquisition of land, and were useful for the conduct of business outside the locations. Documents could liberate individuals from irksome restrictions on movement.<sup>2</sup> As a result, letters and certificates promoted and propelled the emergence of a privileged group of people in urban black communities. The correspondence of individual healers and healers' associations illustrates the conscious effort to counteract discrimination, and to make use of potential loopholes in the system. It also shows how, in the face of frustration, associations submitted to the ideology of racism, segregation and apartheid, and renounced any activity that could have brought them into line with oppositional groups.

Certification also played a significant role for ordinary Africans in contexts of health. Mine workers on the Witwatersrand were exposed to particular health risks such as tuberculosis. Medical screening was debated controversially between various parties in the 1920s. African workers could be compensated for TB if they were diagnosed and certified by the Miner's Phthisis Bureau before death or upon discharge from their job or from the hospital. A piece of paper, albeit hard to obtain, could provide financial security for the families of men who were no longer able to work underground.<sup>3</sup>

Between the 1930s and the late 1950s healers presented, yet again, a very particular concern. They wished to discuss the professionalisation of their craft, and intended to redefine their relation to those in political office. Their arguments were largely indicative of an urban understanding of power and social relations. They point to the fact that the process of healers' professionalisation was, in places, driven away from the former, and still existing, rural bases of healers' activities. Out of this process new concerns were emerging that related to the profession's legitimacy in urban settings and the commercialisation of medicine.

The associational correspondence was authored by healers who spoke on behalf of a fragmented group of men and women, medical practitioners, seers, diviners and spiritual leaders, all of whom claimed either intimate knowledge of herbs and medicines, or the personal capacity to communicate with the other world, or both. But they were without official rank. Irrespective of their ethnic background, these individuals could become members of the newly forming professional associations which envisioned an umbrella function regardless of the ethnic or regional origin of the practitioners. Almost indiscriminately, the almost exclusively male writers called themselves *izangoma*, *izinyanga*, herbalists, *dingaka*, "native doctors" or "native race doctors" and depending on context, they conceived

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<sup>2</sup> Cobley, Alan Gregory. *Class and Consciousness: The Black Petty Bourgeoisie in South Africa, 1924 to 1950*. Connecticut 1990, p. 67.

<sup>3</sup> Packard, *White Plague*, p. 181

of themselves as a "nation" or a "profession". Some used titles such as "Herb Dr., non-medical". With regard to gender, it has been noted that female healers hardly left any traces in the archives.<sup>4</sup> This also holds true for the associational correspondence: women were not particularly visible as correspondents and holders of office even though generally they were not discouraged from participation in the professionalisation process.<sup>5</sup> Members and functionaries of healers' professional associations wished to convey a specific image of themselves – as skilled specialists, masters of wisdom and knowledge, and of steadfast servants to a society in need. They emphasised loyalty to those who held power, and were eager to fulfil public expectations. Healing has been described as conservative in nature, and as a mixture of ideology and practice aimed at the restoration of power structures rather than their disruption.<sup>6</sup> Urban environments did not basically alter that fundamental constituent of healing activities.

More importantly, associations denoted healers' efforts towards the consolidation of a fragmented body of specialists. In their correspondence with the authorities, healers' associations therefore stressed commonalities, equal status and the wish to unite rather than a desire to create hierarchies or distinctions amongst themselves. One society, for instance, whose history will be followed up at a later point, called itself the South African Bantu Dingaka Herbalist Midwives Sangoma Society of Sophiatown. This was an integrative umbrella designation for the plethora of highly divergent specialisms in the profession. The lengthy name remained precise in terming the variety of specialists encompassed, and it attempted to stress the inclusiveness towards the many specialists to whom the association offered a joint institutional background. Other associations named themselves as African Dingaka Association, the African Herb Specialists Association, the African Herbalists' and Inyangas' Board of Control, the African National Native Herbs Doctors of South Africa, the African National Native Herbs Doctors of South Africa, the African United Herbalists Board of Control, the Bantu Medical Union Club of South Africa, the Isambane African Medical Research Institute's Association, the Natal Native Medical Association, the Natal and Zululand Inyangas and Herbalists Association, the Natal Native Medical Association, the Orange Free State African Herbalists Association, the Cape Province Herbalists Association, the South African Elephant Herbs Medicine Society 'Iitzanuse', the South African Native Bantu Dingaka, or the Untu

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<sup>4</sup> Burns, Catherine. 'Louisa Mvemve: A Woman's Advice to the Public on the Cure of Various Diseases.' *Kronos* 23 (1996), pp. 108-134.

<sup>5</sup> Quite the contrary was true: the professionalisation process would have been unthinkable without the professionalisation process of African nurses – see further below.

<sup>6</sup> Schoffeleers, 'Ritual Healing', pp. 1-25.



Bantu Coloured Native Victoria Memorial [Association]. Virtually all of them stressed their specialisation in herbalism, for reasons that will be elaborated on later in this chapter.

In its formal aspects the correspondence was highly official and it conveyed, apart from a willingness to engage with colonial formats, professional self-esteem that was derived from just these forms. Where possible, healers used type-writers or printing facilities. They validated their documents through stamps, official emblems, carefully arranged slogans and trademarks. The stamp has been identified as a very typical symbol as regards documents which combined literacy, orality and visuality.<sup>7</sup> This observation can be extended to emblems, slogans and trademarks as well, and explains why the documents healers sent in to the authorities were so multi-layered in their expression. By and large, the documents could well have competed with the professionalism of mission publications, government gazettes, and office stationery. It is though, feasible that competition was not a priority on the associations' agendas. As a rule, healers tended to take on board what others did, adjusted it to their own needs and assumed that healing techniques and explanations of health coexisted and complemented each other. Producing leaflets which would perfectly have suited direct campaigning, they advertised their cause to the many who would possibly need their services and ministrations when they were searching for answers to their personal ailments. Unfortunately, it is difficult to reconstruct exactly how the associations distributed their printed material and yet it is possible to imagine that they took it from street to street.

The correspondence between healers' associations and the authorities was extensive, but it is important to note that none of the associations' correspondence extended consistently across the whole period under review. Most typically, it spanned a few years, and it appears as if there were phases during which government officials collected correspondence with particular eagerness. At some point the case would be dropped, only to re-emerge maybe some ten years later. Fragmented though at times taken up once more, or fragmented and continued by another association in a different place, correspondence sprang up all over South Africa and added to a virtually town-based geography of healers' associations in the country. One association, the African Herb Specialists, was based at Ficksburg/ Basutoland Bridge and connected healers travelling from Natal via Leribe in Lesotho to the Orange Free State and back home again.<sup>8</sup> The Cape African Dingaka Association was established in Kimberley.

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<sup>7</sup> Hofmeyr, Isabel. 'The Letter and the Law: the Politics of Orality and Literacy in the Chiefdoms of the Northern Transvaal', in: Gunner, Liz/ Furniss, Graham (ed). *Power, Marginality and African Oral Literature*. Johannesburg 1995, pp. 35-46.

<sup>8</sup> Not much is known about a geography of healing in South Africa. Pilgrimages and hybridisations of religious practice of more recent nature have been recorded for this area by Coplan, David B. 'Land from the Ancestors:

Other associations opened head offices and branches in townships such as, in the case of the Orange Free State African Herbalists Association, in Four/ Six Location of Bloemfontein, or, as in the case of the African Dingaka Association, in Bochabelo Village nearby Bloemfontein. The African Dingaka Association had another main office in Pretoria, where, as well, the South African Native Bantu Dingaka Association operated out of 205 Church Square, 110 Mutual Buildings. Several associations were based in Durban such as, for instance, the Natal & Zululand Inyangas & Herbalists Association, and the Natal Native Medical Association. They had rented offices in 105 Umgeni Road, and a telephone connection. The Isambane African Medical Research Institute's Association opened its headquarters in Orlando East/ Johannesburg, south-west of Johannesburg and became, in the early 1930s, the crystallisation point around which Soweto grew. Other associations in Johannesburg, such as the African National Native Herbs Doctors of South Africa, could be found in New Clare, a freehold area west of central Johannesburg, and, in the case of the South African Bantu Dingaka Herbalists Midwives Sangoma Society, in Sophiatown. Lady Selbourne, yet another area of African freehold rights, was the basis of the African Dingaka Association near Pretoria. Founded in 1905, Lady Selbourne was the oldest township of the capital in the north, situated on a hillside seven miles north-west of the city centre.<sup>9</sup> Kroonstad harboured the Free State Bantu Medicine & Herbalist Practise Association. The offices of the African Inyangas' and Herbalists' Board of Control, U. of S.A. could be visited in Pinetown, and the Bantu Medical Union Club of South Africa in Mooi River, Natal. In East London healers gathered in the Cape Province Herbalist Association (Pty) Ltd., whose president resided in 20 Clarkes Lane. From 278 Gale View in the African village of Boksburg outside Johannesburg, the African United Herbalist Board of Control – South Africa, launched its operations. Viewed from a spatial perspective, a net of healers' associations dotted the South African landscape of urban centres. Many of the associations may have been short-lived, but over the years they mapped out a network of officially unrecognised healers' associations with nodal points in various places.

In their correspondence healers' associations tried hard to arouse interest, attention and appeal. Self-confidently, they expected the addressees to respond. Yet the authorities did not commit themselves to debate. Because they were in a position of power, they issued orders and expected the recipients of their orders to follow the instructions given. Hence, it is not

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Popular Religious Pilgrimage along the South Africa-Lesotho Border.' *Journal of Southern African Studies* 29: 4 (2003), pp. 977-993.

<sup>9</sup> Lodge, Tom. 'Political Organisations in Pretoria's African Townships, 1940-1963', in: Bozzoli, Belinda (ed). *Class, Community and Conflict: South African Perspectives*. Johannesburg 1987, pp. 401-417.

always easy to determine to what extent the arguments put forward by the healers can be taken at their face value. They may have exaggerated their ambitions. They may have played with the authorities. They may have been guised and expressed their arguments in a more submissive style than that in which they actually intended to behave. For similar situations, when people had to articulate themselves in the face of power, threat and injustice, it has been suggested that, at least publicly, ordinary men and women resorted to a language of humour, grotesque and obscenity.<sup>10</sup> It has been argued that domination produced the "arts of resistance".<sup>11</sup> As a consequence, the analysis of healers' correspondence with the authorities has to be pursued with caution.

### **Sophiatown, 1937-1938: The South African Bantu Dingaka Herbalists Midwives Sangoma Society**

One of the exceptionally articulate professional associations of healers was the versatile South African Bantu Dingaka Herbalist Midwives Sangoma Society. Based in Sophiatown, they virtually bombarded state authorities with requests, leaflets, resolutions and information between 1937 and 1939. Most of their correspondence was produced on a malfunctioning typewriter which rendered the image of a technically imperfect typeface, and which at the same time splendidly conveyed the determination of its authors. The name of the umbrella organisation suggested an integrative, though certainly uneasy alliance between a broad variety of specialists, including diviners, herbalists and obstetrically skilled women, who in the South African context are called and call themselves "traditional birth attendants", and who came from different cultural backgrounds where they practised in different fields of health. Through the inclusion of midwives and *izangoma* several women must have been part of the association, even though they do not figure in the correspondence. For Zimbabwe it has been argued that European rule and Christianity undermined the long-accepted methods of indigenous female healers and midwives and ousted them from professions of high prestige.<sup>12</sup> Whether this argument can be directly transferred to the South African contexts remains, due to the lack of evidence, a problematic question. In South Africa, the professionalisation of nurses fell into the same period in which the formation of the association took place.<sup>13</sup> The South African Bantu Dingaka Herbalists Midwives Sangoma Society wished to promote its

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<sup>10</sup> Mbembe, Achille. 'Provisional Notes on the Postcolony.' *Africa* 62: 1 (1992), pp. 3-37.

<sup>11</sup> Scott, James C. *Domination and the Arts of Resistance: Hidden Transcripts*. New Haven and London 1990.

<sup>12</sup> Schmidt, *Peasants*, pp. 86-67.

<sup>13</sup> Marks, Shula. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession*. New York 1994.

members' multifaceted interests and wanted to achieve a legally valid definition of qualified health practitioners and their respective fields of expertise.

In South Africa it was impossible not to identify oneself in racial categories. The heterogeneous corpus of men and women considered themselves nationally South African and accepted that, from a racial perspective, they were classified Bantu. In their presentations they obediently restricted themselves to stating that they were serving only African people. The practitioners thus signalled that questions of race, segregation and racial discrimination were part of their own concerns, but they were cautious to campaign for racial equality too openly. Whereas individual healers often stressed that among their patients there always was a number of people who were not black, healers' associations officially projected of themselves the image of a non-white profession devoting themselves to non-white patients suffering from non-white health problems.

**Illustration 1: Correspondence of the South African Bantu Dingaka Herbalists Midwives Sangoma Society of Sophiatown with the Minister of Public Health, 8 Nov 1938.**

The South African Bantu Dingaka Herbalists Midwives Sangoma Society of Sophiatown envisaged to operate on a Union-wide basis, and they accommodated health specialists of various cultural and ethnic backgrounds. *Dingaka* and *izangoma* represented different health cultures in South Africa. The decision to span different health cultures was probably a pragmatic one because people often went to see diviners and herbalists who did not come from their own homes and their own cultural backgrounds. It cannot be repeated often enough that the medicines of others were often deemed more powerful. In urban as well as in rural contexts, usually a person's first divination was observed with care, and his or her reliability was judged on the basis of this.<sup>14</sup> Patients and prospective clients determined a healer's standing, and it is easy to imagine that in a setting such as Sophiatown in the 1930s this was not a foregone conclusion.<sup>15</sup> Hence, official recognition would have helped healers to present themselves to their patients in a more consolidated fashion and with an additional appearance of legitimacy conferred upon them by the state.

Sophiatown, some four and a half miles west of central Johannesburg, had attracted to its area of roughly 240 acres urban dwellers and migrants interested in freehold rights because, when in 1933 Johannesburg had been proclaimed as falling under the scope of the Urban Areas Act of 1923, this township had remained exempted from its restrictions. With the expansion of manufacturing in the 1930s the demand for black working class housing increased. Tenants and landlords in Sophiatown began to take in sub-tenants housing them in rows of backyard shanties.<sup>16</sup> In 1928, the year when the Medical, Dental and Pharmacy Act further marginalized itinerant and community-based healers,<sup>17</sup> an estimated 12,000 people lived in Sophiatown and the neighbouring western areas. By 1937 the number had more than doubled into probably 28,500 dwellers. A freehold area and a place where, for a couple of decades, people had moved in and out, Sophiatown embodied a sense of permanence and self-direction. People developed different organisational patterns as much as outlooks on city life. A new synthesis of cultures sprang up there, shouting for recognition.<sup>18</sup> It was a composite culture bearing the dual stamp of poverty and racial admixture.<sup>19</sup> In this environment healers

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<sup>14</sup> Hellman, Ellen. 'Rooiyard: A Sociological Survey of an Urban Native Slum', in: International African Institute (ed). *Social Implications of Industrialization and Urbanization in Africa South of the Sahara*. Lausanne 1956, pp. 179-190, here pp. 188-189.

<sup>15</sup> Murray, Colin. 'Sex, Smoking and the Shades: A Sotho Symbolic Idiom', in: Whisson, Michael G./ West, Martin (ed). *Religion and Social Change in Southern Africa*. Cape Town 1975, pp. 58-77.

<sup>16</sup> Lodge, Tom. 'The Destruction of Sophiatown', in: Bozzoli, Belinda (ed). *Town and Countryside in the Transvaal: Capitalist Penetration and Popular Response*. Johannesburg 1983, pp. 337-364, here pp. 339-344.

<sup>17</sup> For the details of this law see further below.

<sup>18</sup> Coplan, David. *In Township Tonight! South Africa's Black City Music and Theatre*. London 1985, pp. 143-182.

<sup>19</sup> Bonner, Philip. 'African Urbanisation on the Rand Between the 1930s and 1960s: Its Social Character and Political Consequences.' *Journal of Southern African Studies* 21: 1 (1995), pp. 115-129.

must have been challenged to develop new remedies for the peculiarly new afflictions arising from and being attendant to daily life and work. Quite naturally, a range of new ailments and diseases sprang up all over the place and women, for instance, were deemed to bewitch others by post.<sup>20</sup> People needed protection from unemployment and from rivalry at the workplace.<sup>21</sup> Sophiatown, teeming with expectations and aspirations, was a fertile ground for healers' activities, which in the wake of the 1928 legislation, were threatened to come under more repressive control.

Like other places, Sophiatown overflowed with voluntary associations which were, in particular, suited to urban demands. Aiming at the formulation of "progressive" cultural goals, voluntary associations in urban settings became expressions and indications of the cohesion and vitality of social life in the locality and, at the same time, indicative of class formation.<sup>22</sup> At about this time, landlords, for instance, formed the Non-European Ratepayers Association. As from 1921 teachers united in the National Federation of African Teachers Association. Lawyers and doctors organised professional bodies which catered for the interests of their professions, even though, because they were so few in numbers and scattered in the geographical sense, there was no formal association for African doctors before the Second World War. Nurses, in contrast, could, since 1935, register with the Bantu Trained Nurses Association.<sup>23</sup> Mutual aid societies and friendly societies were features of urban life as were spontaneous associations of women joining their forces in their protest against the demolition of shacks. On the religious side, associational life included churches, the Transvaal Inter-Denominational African Ministers Association, mothers' unions, and other off-shoots of church activities, plus a number of recreational and sporting clubs in the early 1930s.<sup>24</sup> The South African Bantu Dingaka Herbalists Midwives Sangoma Society eschewed the clear-cut categories into which most of the associations fitted, but against the backdrop of a rich associational life they added to the variety. They were not really anything that much out of the ordinary.

In November 1937, the officers of the South African Bantu Dingaka Herbalists Midwives Sangoma Society approached the Minister of Health. Including midwives among

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<sup>20</sup> Hunter, Monica. 'An Urban Community (East London)', in: International African Institute (ed). *Social Implications of Industrialization and Urbanization in Africa South of the Sahara*. Lausanne 1956, pp. 191-199, here pp. 198-199.

<sup>21</sup> Hellman, 'Rooiyard', pp. 188-189.

<sup>22</sup> Lodge, 'Sophiatown', pp. 344-345; Copley, *Class and Consciousness*, p. 70; Kuper, Leo. *An African Bourgeoisie: Race, Class, and Politics in South Africa*. New Haven and London 1965, pp. 81-94; International African Institute (ed). *Social Implications of Industrialization and Urbanization in Africa South of the Sahara*. Lausanne 1956, pp. 220-221

<sup>23</sup> Foundation of South African Trained Nurses Association (SATNA) in 1914.

<sup>24</sup> For Durban see Kuper, *African Bourgeoisie*, pp. 309-322; Welsh, 'Growth of Towns', pp. 172-243.

their members, they contended how closely related the formation of the society was to the professionalisation that was underway in the nursing sector. The South African Bantu Dingaka Herbalists Midwives Sangoma Society requested an interview with the authorities to discuss the work of "native ngaka, herbalists and miwives [sic]". They hoped to receive "isolated privilege [sic]" and recognition as an institution on a par with the bodies recognised under the Medical, Dental and Pharmacy Act of 1928. A pledge to obedience concluded the letter:

It is our firm conviction that the minister for public health will give this memorandum his full consideration. God save the king. Nkosi sikelela, Africa. Your obedient servant, S. P. D. Madiehe.<sup>25</sup>

The Medical, Dental and Pharmacy Act, to which the chairman referred, was a serious impediment to any unregistered health practitioner, in particular to African healers. Through the Act the state claimed legal authority for itself and demanded commensurate obedience from the African healers. This body of legislation consolidated sixteen previous regulations which had, over the decades, been enacted, often only on a regional level, to whisk African healers out of public visibility. In parallel with a general tendency towards the licensing of African businesses and petty enterprises, merely a small number of registered health practitioners were allowed to practice publicly, and for gain. Herbalists found themselves in an ambivalent situation: if licensed, they were allowed to dispense, but not to diagnose for a fee. Diagnoses were not their original occupation anyway, but the law considered it as such and outlawed it.

Within South Africa, Natal continued to form an exception. In the former colony, whose early governors had once started to codify customary law, *izinyanga zokwelalpa* and *izinyanga zemiti*, herbalists of different specialisation used to be allowed to practice for gain after 1891 provided they possessed a licence.<sup>26</sup> In 1909, 755 licences were officially issued in Natal, an additional 683 in Zululand. Five years later, in 1914, 1,924 healers held official licences in both Natal and Zululand.<sup>27</sup> Since then the Department of Native Affairs worked towards a reduction in the number of licences. In 1929, one year after the consolidating legislation had been passed, the Native Affairs Department registered 1,352 licences. They

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<sup>25</sup> SAB, GES 1786 25/30J Memorandum of the South African Bantu Dingaka Herbalists Midwives Sangoma Society, stamped at the Dept. of Public Health 17.11.1937.

<sup>26</sup> 1928 Medical, Dental and Pharmacy Act. For colonial administrative system in Natal see Welsh, David. *The Roots of Segregation. Native Policy in Colonial Natal, 1845-1910*. Cape Town 1971.

<sup>27</sup> Gower Jackson, 'Medicine Man', p. 194.

were reduced to 566 licences in 1932 with a further decrease down to 322 in 1934.<sup>28</sup> The huge balance of the African health specialists went without licences. Their number must have been immense as otherwise the African Inyangas and Herbalists Board of Control in Pinetown, Natal, could not have pointed out, in 1959, that their membership amounted to 28,787 individuals.

Herbalists, diviners and obstetrically skilled women of the South African Bantu Dingaka Herbalists Midwives Sangoma Society did not act purely on medical grounds. Their approach was more general, as for them health meant order, or, the other way round, order was synonymous with health. The South African Bantu Dingaka Herbalists Midwives Sangoma Society provided, consequently, a broad range of options for restoring order in response to the challenges, opportunities and shortcomings of the new era. If needed, they provided practical advice, gave insights about disease and claimed expertise in ritual practice and communication with the ancestral world. If theirs was a commercially successful business, they would employ assistants and secretaries in much the same way as lawyers, doctors and entrepreneurs did. The South African Bantu Dingaka Herbalists Midwives Sangoma Society started an initiative – though not a social movement – to tackle the lack of school education through the combination of business and charity activities. The same association hoped to become a forum through which people invested money dedicated to the future of their children. Their plan was to open a network of "native co-operative stores" throughout South Africa run by "the Bantu women" and society members. If enough people bought shares in the enterprise, the society would send about twelve children overseas for higher education. Bazaars on which women would sell items cheaply were envisaged as another fundraising strategy.

The Conference has two objects to discuss [sic]. The first is to open Native Co-operative Stores, over the whole of the Union and these stores will be named the South African Dingaka Aid Society, which will be run by the Bantu Women, and all the members will be allowed with shares, and the Society is intended to send about 12 children overseas for higher education, mostly commercial, and we want to give every African the chance to educate his/ her child. [...] The Bantu Ladies will give a bazaar where everything will be obtainable very cheap. Come and see the original Native customs. This is the day to see things that you have never seen before in the present generation. Don't fail to see wonders of Natives, Please come!<sup>29</sup>

This invitation addressed a wider community which comprised many of those who had become alienated from traditions, including Christians, who in their urban surroundings often

<sup>28</sup> Simons, H. J. 'Tribal Medicine: Diviners and Herbalists.' *African Studies* 16: 2 (1957), pp. 85-92, here p. 86.

<sup>29</sup> SAB, GES 1786 25/30J Conference announcement of the South African Bantu Dingaka Herbalists Midwives Sangoma Society, 28.07.1938.



had to realise that churches were different to what they used to be in rural areas. As Christians, many did not know the customs of their forefathers anymore; as slum yard residents they were, at the same time, alienated from the white man's religion.<sup>30</sup> The healers offered them to retrace their roots and hoped they would be interested in traditions which would now be in accordance with the times as they were formulated in the spirit of "progress" and "civilisation". This invitation was probably aimed at Christians who, in the towns, had started to reconsider the customs and philosophies of their forefathers from whom they had become estranged. Religion, racism and community assumed a different countenance in towns which certainly led many to listen to diviners and herbalists who claimed expertise in a knowledge, for which a demand had only recently arisen.<sup>31</sup>

It is of interest to note African healers' attitudes to education. At about the same time when the proposal was brought forth to raise money for the education of their youth, a popular medical doctor in the Bushveld, Louis C. Leipoldt, who carried out medical examinations amongst the rural Afrikaner population, argued that the government ought to channel money into health care provisions rather than into inefficient educational endeavours which, according to his understanding, made the white Afrikaner race in the rural areas weak and inferior to Africans.<sup>32</sup> The African health practitioners of the South African Bantu Dingaka Herbalists Midwives Sangoma Society held quite a different view. They prioritised education and saw no need to campaign for the physical health of their clientele. In fact, in their response to this view of the problem of health as well as of education they argued that in the 1930s the education of African children was left to mission societies, whose resources were very limited, so that, for instance in 1939 fewer than 30 per cent of African children were receiving any schooling at all.<sup>33</sup> Concerned with the health of society rather than of individuals, it made sense that the society positioned themselves in the debate about African schooling which discriminated against Africans and wished to relegate it into the reserves.<sup>34</sup> Yet again, they did not struggle for the pursuit of their goals against all odds, and against existing relations of power as the formation of a social movement was never within the scope of the association.

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<sup>30</sup> Hellman, 'Rooiyard', pp. 188-189.

<sup>31</sup> *ibid.*

<sup>32</sup> Leipoldt, *Bushveld Doctor*, p. 254 ff.

<sup>33</sup> Thompson, Leonard. *A History of South Africa*. New Haven 1990, p. 164.

<sup>34</sup> Krige, Sue. 'Segregation, Science and Commissions of Inquiry: The Contestation of Native Education Policy in South Africa 1930-36.' (paper no 398 read at Wits Institute for Advanced Social Research, Johannesburg 1996).; Kros, Cynthia. 'Origins of Bantu Education: The Prelude.' (M. A. thesis Wits University, Johannesburg, 1994); Molteno, Frank. 'The Historical Foundation of the Schooling of Black South Africans', in: Kallaway, Peter (ed). *Apartheid and Education. The Education of Black South Africans*. Johannesburg 1984, pp. 45-107.

The South African Bantu Dingaka Herbalists Midwives Sangoma Society was self-confident, but, at the same time, always eager to meet public expectations. At a time when the Johannesburg city council forcibly removed inner-city black communities because it wanted to create space for white working-class housing schemes and business development,<sup>35</sup> the healers' association argued that they themselves would create business activity and take on responsibility in teaching their youth the skills which they needed to become prospective business people. This was less a strategy of counteracting the political decisions of the day, but rather one in which they seized upon the argument of the authorities and, hence, tried to offer their collaboration as best as they could. Yet the government showed no interest. Healers' strategies to mobilise the economic potential of their people were rather akin to Afrikaner efforts of repositioning their people in a rightful economic place. The National Party mobilised Afrikaners across the divides of region and class, and the Afrikaner Broederbond succeeded in defining and propagating Afrikaner culture and the idea of *volkskapitalisme*.<sup>36</sup> In a similar fashion, the South African Bantu Dingaka Herbalists Midwives Sangoma Society considered it to be important to further an African identity in connection with economic activities.

Healers were also aware of the shortage of staff in hospitals.<sup>37</sup> Again, they offered co-operation. "The public say the European Doctor can treat the mother in a scientific way; the Native herbalist can attend according to Native custom and can administer medicinal herbs as his predecessors have done for centuries."<sup>38</sup> In their parlance custom and science, rather than custom and modernity, or custom and Western medicine, formed opposites which had to be reconciled. They were prepared to share expertise and to learn from scientific ways, as they put it, if this was the way to achieve recognition. The strategies to achieve their goals were at no stage confrontational or conflictual. Quite to the contrary, they permanently and consistently demonstrated their disposition towards collaboration. To start this co-operation, the South African Bantu Dingaka Herbalists Midwives Sangoma Society, for instance, sent in to the Department of Health six bottles containing various substances. They explained the process according to which they had extracted the substances from afflicted people, and, in

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<sup>35</sup> Maylam, Paul. 'Explaining the Apartheid City: 20 Years of South African Urban Historiography.' *Journal of Southern African Studies* 21: 1 (1995), pp. 19-61, here pp. 26-27.

<sup>36</sup> O'Meara, Dan. *Volkskapitalisme: Class, Capital and Ideology in the Development of Afrikaner Nationalism, 1934-48*. Cambridge 1983; Adam, Heribert/ Giliomee, Hermann. *The Rise and Crisis of Afrikaner Power*. Cape Town 1979, pp. 145-160.

<sup>37</sup> Marks, *Divided Sisterhood*, pp. 1-14.

<sup>38</sup> SAB, GES 1786 25/30J Conference announcement of the South African Bantu Dingaka Herbalists Midwives Sangoma Society, 28.07.1938.

return, asked the Department of Health for "scientific" assistance through a laboratory analysis:

I am here with sending you 6 bottles containing snakes, which was extracted by native Doctors from different native peoples stomach, who stated that they have been suffering for years, and we are sending these to you for examination. What sort of snakes are these? And what are they called, please? The people who had these snakes stated that before they meet the native DRS, they were suffering daily pains in their stomach. They say after these snakes has been extracted they are able to eat and to do their day's work without pain in their stomach, so we believe many native people got these snakes.<sup>39</sup>

The laboratory results identified the contents of said bottles as a snake, two roundworms, and some undigested matters of vegetable origin. The files do not indicate, however, whether the authorities would have accepted and pursued this offer for co-operation as a starting point for further communications.

And yet the South African Bantu Dingaka Herbalists Midwives Sangoma Society never lost heart. They continued to demonstrate obedience to the bureaucratic state in South Africa, and insisted upon their right to be an acknowledged and recognised part of the nation's history and its future. They claimed distinct cultural rights just at a time when Afrikaner class formation was deeply inscribed with the fabrication and restructuring of ethnicity.<sup>40</sup> After the Federasie van Afrikaanse Kultuurverenigings and the Afrikaner Broederbond had organised a memorial ox wagon trek from Cape Town to Pretoria and had laid the foundation stone of the Voortrekker monument in 1938, the South African Bantu Dingaka Herbalists Midwives Sangoma Society seized upon this debate of the day, remodelling it according to their own ideas as regards claiming respect and proving their worthiness:

May we give you an incident of the year 1834, when the identical thing had happen, about, on that year of 1834 on the 1<sup>st</sup>, of December, emancipation of slavery, was declared, under the provision of the ordinance 50 of magna charta, and the said, magna charta was called the native magna charta, and the said magna charta has brought about a great innovotion, which had deeply, wounded the Dutch government, a feeling which had even cause, the Burghers, to Emigrate towards the North, for their custom's sake 10,000. people are believe to have left the cape they went in variou, parties, under the lead ship of those who were believing in custom, the emigration of the custom lover commence, from 1836 to 1839 and those who were Emigrating, many were grave, they left their homes, and their beautiful country of the cape, for the simple reason, of their custom's sake only to fulfil, the God's will and by which they march forward knew not what fierce native tribes they may meet but they believed in the power of prayer, according to their custom they thought that they should rather die than to remain custom less but

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<sup>39</sup> SAB, GES 1787 25/30K South African Bantu Dingaka Herbalists Midwives Sangoma Society to Minister of Public Health, 13.12.1939.

<sup>40</sup> Hofmeyr, Isabel. 'Building a Nation from Words: Afrikaans Language, Literature and Ethnic Identity, 1902-1924', in: Marks, Shula/ Trapido, Stanley (ed). *The Politics of Race, Class and Nationalism in Twentieth-Century South Africa*. London and New York 1987, pp. 95-123.

what was in the front of them was that they would not depart with their custom and adopt a new custom in life which will not be known to god nor that they were wishing to change their colour when they were facing, the world difficulties, they could of done so, but since they knew that their, colour represent. their custom, since we all know that we can only be identified, by our colour, and custom by god that is the only mark that god has made to identify his people with. and we are much proud, of the Burghers, of those days when we see that other people were even slain only to keep their custom we as natives were proud to see the dutch people who had adhering to their god given custom that was the purpose of their emigration and therefore we believe any sensible person can be proud of such people that proof their loyalty and bravery, and discipline who left their beautiful country, and emigrate to the unknown country for only one simple reason of keeping their custom.<sup>41</sup>

The head of the society, Madiehe, was probably aware of the different situation as compared to the Afrikaners situation. The Burghers had been free to opt for the Great Trek in order to defend their cultural practices. This was not the case with the healers. Healers, conversely, had to ask for permission to reassert their customs. For that reason Madiehe showed empathy towards the ambitions of the descendants of the originally Dutch immigrants of achieving cultural separateness and ethnic distinction. He combined subservience with his conviction that African customs could compete with the standards of European "civilisation" and "progress", two further cultural imperatives of central relevance besides "science" and "education" and just as much embodied by Europeans.

Hence Madiehe demanded recognition. Such recognition would entail that African people would be treated like Europeans and would even adopt European customs, but not at a lower level, rather "on the same stage", that is face to face with Africans and Europeans.

And if the Government is unable of refusing us with the right of our ancestor's custom we shall therefore have the full right to claim the European ancestor's custom in full, together with the European's stages, to enter where Europeans enter, so to be able to learn European custom as they want us to become black Europeans and so we must be able to have the same privileges as the Europeans in their customs, because we are forced to be European, but not in custom, because if native act according to their custom they are insulted by being called barbarism custom which is nothing less but pure insulting God's work, in other words is criticism of God's plan; who planned the native custom. You must remember that we have been with the white people over 200 years; they have never shown us their custom, how can one learn if you are kept far from your teachers.<sup>42</sup>

Even though Madiehe's aspirations were thwarted, this caused only a certain degree of frustration and of disappointment as regards the hopes that he shared with all those who, in these years, would try hard to gain an understanding of the colonisers' behaviours as much as to gain access to their institutions. Madiehe knew that acknowledged African cultural

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<sup>41</sup> SAB, GES 1787 25/30K South African Bantu Dingaka Herbalists Midwives Sangoma Society to the Minister of Public Health, 12.11.1938.

<sup>42</sup> SAB, GES 1788 25/30M invitation of the South African Bantu Dingaka Herbalists Midwives Sangoma Society for a General Meeting to take place on 11.12.1938.

practices, which he likened to Afrikaner cultural ethnicity, would probably only find a place to flourish in the niche of tradition. He, consequently, requested the establishment or granting of a protected sphere of custom within the broader system of racial inequality. The term custom appears four times within just a few lines of his request quoted below. From within that sphere healers of the South African Bantu Dingaka Herbalists Midwives Sangoma Society hoped to establish their status.

The custom is very important to the Native although the custom may not serve any useful purpose in the European's eyes, but they are an essential part of the Native life even if the Native could not be allowed to practice their medicine as Doctors who are treating sick patients but only allowed them to carry out the customal herbs according to Native custom and tradition.<sup>43</sup>

The South African authorities were reluctant to extend recognition to healers' associations. Despite the overwhelming correspondence with which the South African Bantu Dingaka Herbalists Midwives Sangoma Society presented itself to the bureaucrats, responses were delayed. More than once the Society had to ask for the acknowledgement of their letters,<sup>44</sup> but often they did not receive any notification from the authorities at all. A casual note, "Let me know how the matter was disposed of"<sup>45</sup> suggests that healers' efforts towards professionalisation did not receive the attention they wanted to attract. That was a disillusioning experience especially as the associations proved their willingness and ability to adopt almost perfectly the forms of official correspondence with the government. After a few years it became evident that within the Departments of Health and Native Affairs there was no room for articulating healers' interests which would have helped to reshape the profession in an innovative way and to root and anchor it within the context of society as a whole.

## **Professional Associations**

Healers' attempted professionalisation was intended to function through the formation of associations. For this reason, associations are important as a concept as much as an actual historical development, both of which help to understand and interpret more generally the aspirations involved in the process which were, in the end, thwarted by the authorities. The formation of professional associations is tackled in literature that was based on fieldwork and that concerned itself with the "adaptation" of Africans to new environments. Voluntary

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<sup>43</sup> *ibid.*

<sup>44</sup> SAB, GES 1786 25/30J South African Bantu Dingaka Herbalists Midwives Sangoma Society, Sophiatown, to the Minister of Public Health, Cape Town Parliament, 28.07.1938.

<sup>45</sup> Handwritten notice on a letter in which healers requested to be admitted to Parliament, dated 01.08.1938.

associations were understood as a "mechanism", a mediating structure, through which adaptation and accommodation were achieved.<sup>46</sup> After the 1920s the increase of registered voluntary associations active in urban surroundings was notable all over southern, eastern and western Africa. Moreover, the immense number of unregistered groupings is virtually unknown.<sup>47</sup> Multifaceted in their goals, urban voluntary associations attracted migrants and groups who remained permanently in the colonial, settler and industrial towns and who, in the course of this developing process, became involved in the restructuring of social relations.<sup>48</sup> As regards concepts of power, urban-based associations tended to differ from their rural counterparts. "Urban power spoke the language of civil society and civil rights, rural power of community and culture. Civil power claimed to protect rights, customary power to enforce tradition."<sup>49</sup> In the transition to urban living the wide social significance of many roles people pursued in rural surroundings changed. Many roles became socially appropriate only when roles that made sense in rural contexts were subdivided. In this process of transition, all sorts of new combinations became possible.<sup>50</sup> Urban movements and associations, amongst whose number the hardly ever noticed healers' associations featured as well, accommodated themselves to exactly this scenario, and most of these associations showed themselves eager to achieve legal recognition at the expense of individual healers' charismatic reputation, and they were keen to modify any former dependence on the authority of traditional leaders as much as on the knowledge in commonly held possession by the members of their communities.

Some associations intended to structure urban life as closely as possible along the lines of familiar concepts of social relations as existent in rural surroundings. Among them were those institutions which, in academic literature, have been classified as "near substitutes for kinship".<sup>51</sup> In the towns, however, this often proved itself to be a limited option. Consequently, the majority of associations, especially in Southern Africa, stressed the

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<sup>46</sup> Coquery-Vidrovitch, Catherine. 'The Process of Urbanization in Africa (From the Origins to the Beginning of Independence).' *African Studies Review* 34: 1 (1991), pp. 1-98, here pp. 39-41.

<sup>47</sup> IAI, *Social Implications*, pp. 470-471; Banton, Michael. 'Adaptation and Integration in the Social System of Temne Immigrants in Freetown.' *Africa* 26: 4 (1956); Lombard, J. 'Cotonou: ville africaine.' *Journal de l'Institut Français Afrique* (Dakar) 16: 3-4 (1954); Brausch, G. E. J. 'The Problem of Elites in the Belgian Congo.' *International Social Science Bulletin* 8: 3 (1956), pp. 452-458.

<sup>48</sup> Epstein, A. L. 'The Network and Urban Social Organization', in: Mitchell, J. Clyde (ed). *Social Network in Urban Situations: Analyses of Personal Relationships in Central African Towns*. Manchester 1969, pp. 77-116, here pp. 107-108.

<sup>49</sup> Mamdani, Mahmood. 'Historicizing Power and Responses to Power: Indirect Rule and Its Reform.' *Social Research* 66: 3 (1999), pp. 859-886, here p. 866.

<sup>50</sup> Banton, Michael. 'Urbanization and Role Analysis', in: Southall, Aidan (ed). *Urban Anthropology: Cross-Cultural Studies of Urbanization*. New York 1973, pp. 43-70, here p. 49.

<sup>51</sup> Little, Kenneth. 'Urbanization and Regional Associations: Their Paradoxical Function', in: Southall, Aidan (ed). *Urban Anthropology: Cross-Cultural Studies of Urbanization*. New York 1973, pp. 407-423; Little, Kenneth. 'The Role of Voluntary Associations in West African Urbanization.' *American Anthropologist* 59 (1971), pp. 579-595.

importance of neighbourhood and fellowship, instead of, or in addition to kinship. The newly entertained values of neighbourhood and fellowship and the redefined practices of social bonding worked on supra-ethnic levels.<sup>52</sup> In regional contexts outside the borders of South Africa associations sometimes eased commercial relations between antagonistic people, or ethnically-based trading parties. This was, in particular, the main goal of associations which were aimed at breaking down the isolation of lineages and at turning different interests into trading partnerships. Such associations were especially numerous where, historically, towns had grown out of the confederations of lineages.<sup>53</sup> In South Africa this was hardly the case. Once such associations turned into occupational ones, they often controlled the prices of commodities and discouraged competition between trading parties. They focussed on and concerned themselves with the status and the remuneration of their members, easing tensions in the towns with their growing, relatively unstable and socially heterogeneous populations.<sup>54</sup> Such functions could have been important fields of activity for professional associations of healers in South African cities of the twentieth century as well.

An overwhelming number of associations were constructed as mutual aid or entertainment societies geared towards the integration of their members into the social life of an urban milieu. As instruments of the promotion of social issues, some associations set up strict hierarchies, with functionaries occupying positions as presidents, vice-presidents, treasurers and secretaries. Furthermore, these associations frequently maintained a complex network of clientele as much as patronage. In some instances, police officers and public relation managers were appointed for special events. Clubs, yet again different in their set-up, imaginatively appropriated American forms of entertainment and social life. They often put a strong emphasis on music and alcohol.<sup>55</sup> Such associations were less, if at all, concerned with processes of professionalisation, and aspiring professionals may not have featured prominently among their members but, like professional associations, they experimented with new forms of organisation, emerging from new demands for different styles of recreation, entertainment and social grouping. And any group of people aspiring to professional status, or considering the formation of a professional association had, at least, a knowledge of such associations, and drew inspiration from them.

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<sup>52</sup> IAI, *Social Implications*, pp. 220-221.

<sup>53</sup> Krapf-Askari, Eva. *Yoruba Towns and Cities: An Enquiry into the Nature of Urban Social Phenomena*. Oxford 1969.

<sup>54</sup> Little, 'Role of Voluntary Associations', pp. 581-588.

<sup>55</sup> Meillassoux, Claude. *Urbanization of an African Community: Voluntary Associations in Bamako*. Seattle 1968, pp. 76-142.

In many places the growth of voluntary associations created the basis for the emergence of trade unions and nationalist parties, especially in such associational environments in which the new African elite sought to meet and articulate local demands. They formed the backbone of the emergence of modern politics. Urban associations were often not confined to just one locality; they formed parts of wider, trans-local networks, and accommodated members on the move between places. Among the trans-local networks religious associations featured prolifically. If headed by Africans, colonial governments in sub-Saharan Africa tended to consider them potential threats, as they frequently suspected them of linking up with groups in other cities. They sometimes feared that African-lead movements could command access to intellectual, cultural and material resources from other parts of the world which would be outside the sphere of control exerted by the colonial governments.<sup>56</sup> African history is, therefore, denoted by a plethora of administrative efforts to control and contain the emancipation of religious movements.<sup>57</sup> Healers were not automatically considered religious actors, but if they were, they almost certainly attracted the suspicious eye of the government.

The South African government carefully watched the urban associations which involved Africans, and discouraged, wherever possible, associations which, directly or indirectly, helped people accommodate permanently in urban surroundings. Interference with associational life was easier in smaller towns than in bigger ones. East London, a port and commercial centre, remained a place where as late as the 1960s and 1970s the government retained control over authorising and prohibiting associations, especially since returning to the villages and farms, whence people came from, remained easy for the town's labour force. Whereas the government encouraged Africans in the rural areas to express "their own interests" in ethnically-bound and tradition-conscious terms, it was eager to discourage such assertions of identity in the towns, where they feared that associations could gain political momentum.<sup>58</sup>

In South Africa, an array of British and Afrikaner-led voluntary associations emerged of which Africans took notice. As in the African milieu, and almost concomitantly with it, a number of *Helpmekaar* organisations were established which provided mutual aid to their members. Cooperative movements were launched in agriculture. Moreover, burial societies

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<sup>56</sup> Balandier, Georges. *The Sociology of Black Africa: Social Dynamics in Central Africa*. London 1970 [orig. *Sociologie Actuelle de l'Afrique Noire* (1955)], esp. pp. 329, 390.

<sup>57</sup> Anderson, David/ Johnson, Douglas H. 'Revealing Prophets', in: Anderson, David/ Johnson, Douglas H. (ed). *Revealing Prophets: Prophecy in Eastern African History*. London 1995, pp. 1-26; Peires, Jeff. *The Dead Will Arise. Nongqawuse and the Great Xhosa Cattle-Killing Movement of 1856-7*. London 1989.

<sup>58</sup> Mayer, 'Migrancy', p. 582.



and insurances attracted the savings of their members.<sup>59</sup> Academic associations such as the South African Academic Association of Science began to systemise ethnological and anthropological knowledge and gained institutional recognition from the 1920s onwards.<sup>60</sup> This was an important step to further monopolise the knowledge about Africans and of keeping it firmly in the hands, and institutions, of people who were not African. Africans, who were subject to this development of science, encountered a new language in which knowledge about them was created, circulated and re-created.

More particularly in the context of medicine, medical research and medical practice were organised within the context of professional associations. In 1913 the Chamber of Mines funded the establishment of a medical research centre, the South African Institute of Medical Research.<sup>61</sup> The South African mining industry was regarded, by the 1930s, as a model of enlightened worker management. The number of hospitals established at the mines increased and the Mine Medical Officers Association, created in 1921, attempted to coordinate medical knowledge available as much as the care provided at the mines.<sup>62</sup> The professionalisation of nurses took off rapidly in the 1930s, and academically trained social scientists went to the townships, in the name and on behalf of the universities and paternalist health institutions, to collect data about the ways people spent their budgets on food and drink.<sup>63</sup>

In Durban, a range of commercial associations was established which impinged upon the possibilities African medicine traders' had when it came to marketing their produce. The Indian Farmers' Association was launched in 1908 in order to request trading licences and a protected Hindu market on behalf of its members. Among the products harvested from small-scale gardening, medicinal plants were marketed as well.<sup>64</sup> These competed directly with African herbal products. The Indian Agricultural Association was established in 1919 and concerned itself in particular with trading hours and the safeguarding and promotion of the interests of the agriculturally active section of the Indian community. Stallholders, in contrast, organised themselves in the Indian Market Stallholders' Association to claim privileges against street traders and squatters. As a counter-response, the Indian Morning Market Association, started to look after vendors in the street.<sup>65</sup> The founding and existence of these associations indicates that the market for produce, which included medicinal plants, became

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<sup>59</sup> Adam/ Giliomee, *Rise and Crisis*, pp. 145-149; Vahed, Goolam H. 'A "Public Health Nuisance": The Victoria Street Early Morning Squatters Market, 1910-1934.' *South African Historical Journal* 40 (1999), pp. 130-153.

<sup>60</sup> Dubow, Saul. *Scientific Racism in modern South Africa*. Cambridge 1995, pp. 1-19.

<sup>61</sup> See further below the formation of the "Isambane Medicines: Isambane African Medical Research Institute's Association" in Orlando.

<sup>62</sup> Packard, *White Plague*, pp. 159-160.

<sup>63</sup> Marks, *Divided Sisterhood*; Wylie, *Starving*, pp. 91-124.

<sup>64</sup> Vahed, 'Public Health Nuisance', pp. 130-153.

<sup>65</sup> *ibid.*

highly competitive and immensely regulated, a development with which African herbalists had to catch up.

As from the last decade of the nineteenth century, on the level of trans-local associations, African Methodism and other independent churches began to attract large numbers in South Africa.<sup>66</sup> Many of these movements linked South Africans to the wider world in ways which were different from what the original mission churches would offer.<sup>67</sup> Often reclaiming Africa from the Europeans, the independent church movement addressed issues of African education, land ownership and spiritual responsibility. They were also looking for ways of eradicating "witchcraft". More importantly, though, the movements were offering unique chances of communication and exchange with respectable African Americans and church leaders in the United States. The lack of education for the African population had been bemoaned since, at least, the final years of the nineteenth century. The wish to overcome this dilemma was a driving force for the emergence of many independent churches, be they organised on a local level or trans-locally. Various prophets motivated criticism of the existing order in the 1920s and 1930s. Enoch Mgijima, Garveyism and Nonhetha Nkwenkwe challenged the authorities and the state resorted to repressive action in order to contain these movements. Male prophets were often put in jail, while female prophets possibly ended up in mental asylums.<sup>68</sup> In fact, by 1945 the African Independent Churches, keen on gaining status in society, had succeeded in achieving state recognition in only 1% of all cases.<sup>69</sup> The majority of the churches were feared by the government as "national churches", which they suspected of entertaining an inclination towards the achievement of independence from colonial rule as well. Churches sought legitimacy as African churches, in which Africanised Christianity was practised. Schism and fragmentation in black South African churches continued at a bewildering pace during the 1930s. The movement crystallised the efforts of African petty bourgeois intellectuals to redefine African culture.<sup>70</sup> But the South African government was unyielding.

In all their variety, associations were more than adaptive mechanisms of caste, ethnicity and culture in emerging and intensifying urban contexts. They promoted their own aims and assumed bridging functions between different positions and conflicting parties. Sometimes

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<sup>66</sup> See also chapter 2 for debate of the issue of legitimacy.

<sup>67</sup> Campbell, *Songs of Zion*; Rüter, Kirsten. "'Sekukuni, Listen!, *Banna!*, and to the Children of Frederick the Great and Our Kaiser Wilhelm": Documents in the Social and Religious History of the Transvaal, 1860-1890.' *Journal of Religion in Africa* 34: 3 (2004), pp. 207-234, here pp. 224-229.

<sup>68</sup> Edgar, 'Prophet Motive', pp. 401-422; Edgar, 'Garveyism', pp. 31-57; Edgar/ Sapire, *African Apocalypse*.

<sup>69</sup> Claasen, Johan W. 'Independents Made Dependents: African Independent Churches and Government Recognition.' *Journal of Theology for Southern Africa* 91 (1995), pp. 15-34, here p. 25.

<sup>70</sup> Copley, Alan Gregory. 'The "African National Church": Self-Determination and Political Struggle Among Black Christians in South Africa to 1948.' *Church History* 60 (1991), pp. 456-371.

they acculturated low-caste elements as well as ambitious aspirations for prospective goals. Social practices were reformed, statuses defined and preserved, the acquisition of higher status envisaged. Frequently, because they formed a body of people developing a profile of their group, associational and political activities intersected.

Urban associations in which a potentially wide range of healers assembled have not been studied in any either in historical or anthropological or social scientific detail. These associations were an indication of the professionalisation of African medicine, stimulated by its commercialisation in the 1930s and 1940s as well as by the many other motives which generally provided the momentum for the increase in urban associations. While medical doctors were accorded the highest position among all the professional statuses in South Africa, *izinyanga* were assigned a low occupational status.<sup>71</sup> Their professionalisation would have involved the definition of a body of knowledge, and would probably have led to the assertion of a monopoly on competence in a particular occupation, or field of operation. Training, examination and registration would have been a means of asserting control within the profession, and associations would have been a means through which to achieve these. Healers began a process of professionalisation and started to form professional associations in a climate that was often hostile to them. Convinced of their own superiority, both in medical and moral terms, generally neither Christian churches nor medical doctors displayed towards them any spirit of tolerance, or the will for co-operation. Medical schools did not consider the possibility of training doctors or nurses in complementary medicine – an aspect that could have bridged the gap vis-à-vis African medicine. Teachers, nurses and medical students conceived of themselves as the new elite, and were largely members of the established Christian denominations.<sup>72</sup> They did not want to be confounded with the practitioners of African medicine. In addition, Independent African Churches actively prevented their members from becoming herbalists and diviners.<sup>73</sup> Attention has been drawn to the "gendered professionalisation" in South Africa's health profession and to the impediments laid into the path to the formation of its associations.<sup>74</sup> Healers were not even given the possibility to follow that constrained path.

As a concept, professional associations point to the fact that groups and people who became involved in their formation sought organisational structures through which they could express a new sense of social coherence, and through which they furthered a cause designed

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<sup>71</sup> Survey conducted among school children in 1959-60, in: Kuper, *African Bourgeoisie*, pp. 118-139.

<sup>72</sup> Kuper, *African Bourgeoisie*, p. 99.

<sup>73</sup> See for instance, Schmidt, *Peasants*, p. 148; Scarnecchia, 'Mai Chaza', pp. 87-105.

<sup>74</sup> Walker, Liz. "'They Heal in the Spirit of the Mother': Gender, Race and Professionalisation of South African Medical Women." *African Studies* 62: 1 (2003), pp. 99-123.

to fit into the present as much as the future, rather than remaining locked in tradition. Associations were forms of social organisations in which rules between groups and between people were redefined and endowed with new solidity. They were forms of social organisation in which cultural backgrounds and aspirations could be expressed within a new framework. Urban professional healers envisaged for themselves a place in such a scenario.

### **Urban Transformations and Increasing Racism: The Intended Professionalisation of South African Healers**

For the period between the 1930s and the late 1950s, a time when rural, non-reserve households supplied large proportions of migrant labour to urban areas,<sup>75</sup> the licence to heal came to be identified as a key issue around which healers negotiated their legal status, their professional ethos and their wish to be visibly re-integrated as respectable members into South African society. They wanted to be recognised less within the narrower confines of "medical actors" but, instead, they aspired to be recognised as broadly acting social players. Licences were envisioned and envisaged as a step towards the acknowledgement of that role. They were legitimising, bureaucratically approved documents not only for ambitious healers, whose legitimacy had once relied exclusively on the achievement of merit, or charisma. The aspiring new African elite, such as traders, needed licences to sell their produce in stores and on markets. It was through licences that they claimed access to formerly openly accessible, now bureaucratically regulated space.<sup>76</sup> Licences were also issued by religious or charismatic movements to demonstrate their well-functioning administration. Members of many such organisations, who perceived themselves as part of the new African elite as well, had to buy membership cards and to wear badges in public in order to demonstrate their official belonging to a particular, respectable movement.<sup>77</sup> Healers, quite in line with this style of demonstrating legitimacy and respectability, decided to structure their desire for professionalisation around licences and certificates which they could carry with them. They also framed them and used them to adorn the walls of their practice rooms. It cannot be emphasised strongly enough that rather than clothing, ritual or therapeutic techniques, licences and certificates became the markers of status, official recognition and formal qualification. The symbolic importance of such requested certification was probably greater than its practical

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<sup>75</sup> Mabin, Alan. 'Dispossession, Exploitation and Struggle: An Historical Overview of South African Urbanization,' in: Smith, David M. (ed). *The Apartheid City and Beyond. Urbanization and Social Change in South Africa*. London 2001, pp. 13-24.

<sup>76</sup> Vahed, 'Public Health Nuisance'.

<sup>77</sup> Edgar, 'Garveyism, p. 41.

impact. And yet, the wish for certification indicated healers' changed self-conception of their own legitimacy. It demonstrated a tendency among healers towards defining their role more stringently on the basis of the colonial state's acceptance rather than upon charisma and relation to traditional authorities. In addition, licences became important to facilitate movement in the many situations where healers had to produce passes, especially after the 1930s when the influx control system was tightened up and laws were passed and controls installed to regulate movement and the African urban presence.

<p><b>Illustration 2: Certificate of the Cape Province Herbalist Association, valid 29 Apr 1957 – 28 Apr 1958</b></p>	<p><b>Illustration 3: Certificate of the Isambane African Medical Research Institute's Association, valid 19 June 1958 – 19 June 1959</b></p>
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When associations started to request licences on behalf of their members, rather than individual healers making such an application for themselves, they hoped for more success as they considered the standing of associations an improvement over individual acting. In addition to this perception, the actual decrease in licenses issued and which has already been mentioned at the beginning of this chapter has to be borne in mind. As a body of professionals, they had given themselves institutional frameworks which they considered

appropriate for addressing state authorities on equal terms. As befitted professional associations, a hierarchy of officers managed the representation of each association. The majority of associations installed a president and a secretary as chief officers who acted as General Managing Directors, Managing Directors, or President for Manager.<sup>78</sup> One association, the African Dingaka Association, included a chairman among its triumvirate of power holders.<sup>79</sup> The South African Bantu Dingaka Herbalists Midwives Sangoma Society, portrayed earlier in this chapter, frequently changed the designation of its key representative. Depending on the respective occasion, the head of the Society termed himself secretary, chairman, manager, and even King of Native Custom. Some associations, such as the South African Elephant Herbs Medicine Society "Iitzanuse", elected into its executive committee a chairman, a vice chairman, a secretary and assistant secretary plus a treasurer and three members of the association.<sup>80</sup> The Bantu Medical Union Club chose from among its members a General Secretary who was the superior of various Branch Secretaries and Managers. Just like the South African Elephant Herbs Medicine Society "Iitzanuse", the Bantu Medical Union club installed an executive committee into which the president, the vice-president, the general secretary, a treasurer and four members of the association were delegated. Among its rank and file the Bantu Medical Union Club included a number of teachers and assistant teachers.<sup>81</sup> To stress the formal character of the association, healers' associations labelled themselves clubs, boards of control, societies and associations. These names point to a variety of other contemporary groupings, co-operative, commercial, political, and entertainment, on whose forms of organisational structures they modelled of their own respective associations.

It has been mentioned above that the formation of healers' associations occurred in towns all over South Africa, in industrialising centres as well as in administrative locations and port cities. In addition, the strategic ambition of some associations to open branches in several places and in different regions of the country, points to the intended network character of a trans-locally, if not trans-regionally, organised profession. The African Dingaka Association was the association which, when comparing it to other associations, branched out most successfully. They maintained offices in Lady Selbourne/ Pretoria, Orlando East/ Johannesburg, 4/6 Location/ Bloemfontein, Bochabelo Village/ Bloemfontein, Kimberley,

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<sup>78</sup> SAB, NTS 9302 1/376 African Inyangas and Herbalists Board of Control, U. of S. A., Pinetown 06.05.1959; SAB NTS 9302 2/376 African United Herbalist Board of Control – S. Africa, Boksburg 11.03.1958; SAB, GES 1789 25/30S member certificate of South African Native Bantu Dingaka Association, Pretoria, 18.02.1946.

<sup>79</sup> SAB, NTS 9305 12/376 leaflet of the African Dingaka Association, 22.05.1956.

<sup>80</sup> SAB, NTS 9303 7/376 charter document of the African Elephant Herbs Medicine Society "Iitzanuse" Emjanyane, 20.12.1954.

<sup>81</sup> SAB, GES 1787 25/30K charter document of the Bantu Medical Union Club of S. A., not dated.

Leribe/ Basutoland and Ladybrand. It is not possible to derive from the material actual communications between either the branches or the different individual societies, especially as it seems that they were active at different times. Viewed spatially over the map of South Africa, however, the associations and their branches suggest, as shown on the map overleaf, a virtual network of healers' associations, marking the intended process of healers' professionalisation from a trans-regional perspective.

In the 1920s and 1930s segregation increased in urban areas. It developed as a feature of urban planning in ports and commercial centres in Cape Town, Durban, East London and Port Elizabeth and as an underlying characteristic of the expanding administrative centres such as Pietermaritzburg, Pretoria and Bloemfontein. In Johannesburg and Kimberley segregation gained a particular momentum because here it occurred in tandem with the industrialisation process embodied in the growth of the mining industry.<sup>82</sup> As a general observation, from the 1930s onwards, informal settlements began to become common features of the fringes of cities and many towns.<sup>83</sup> Towns and their immediate surroundings became the main arena of racial conflict and developing ethnicity.<sup>84</sup> The industrialising sites especially became crucibles for the formation of class, the rise of capitalism and racism. City planning, consequently, pursued the question whether "contact between the races" would result in conflict or co-operation. The idea of "race-zoning" reflected the ambition to perfect the control of urban settlement.<sup>85</sup> The diversity of languages spoken in towns added to a climate of cultural competition and admixture. Movement, the key characteristic of urban development, became more and more restricted for Africans, as urban segregation and labour influx controls were implemented on a broad scale.<sup>86</sup> At the same time, and almost like an experience running contrary to the official differentiation of space, new urban cultures developed and African people appropriated urban space through many cultural activities among which counted that of becoming permanent, even though discriminated against, residents of the towns.<sup>87</sup>

The numbers of Africans in South African towns and their proportion relative to the white population differed. Everywhere the urban presence of Africans rose significantly in the 1930s. In 1934, East London had a registered population of 19,900 Europeans plus an

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<sup>82</sup> Welsh, 'Growth of Towns', pp. 172-243.

<sup>83</sup> Mabin, 'Dispossession', p. 17.

<sup>84</sup> Vail Leroy (ed). *The Creation of Tribalism in Southern Africa*. London 1989.

<sup>85</sup> Kuper, Leo/ Watts, Hilstan/ Davies, Ronald. *Durban: A Study in Racial Ecology*. London 1958, pp. 21-42.

<sup>86</sup> Sapire, Hilary/ Beall, Jo. 'Introduction: Urban Change and Urban Studies in Southern Africa.' *Journal of Southern African Studies* 21: 1 (1995), pp. 3-17; Harries, Patrick. 'Histoire urbaine de l'Afrique de Sud: nouveaux axes de réflexion.' *Le mouvement social* 204 (2003), pp. 17-33.

<sup>87</sup> la Hausse, Paul. 'The Struggle for the City: Alcohol, the Ematsheni and Popular Culture in Durban, 1902-1936', in: Maylam, Paul/ Edwards, Iain (ed). *The People's City: African Life in Twentieth-Century Durban*. Pietermaritzburg 1996, pp. 33-66; Erlmann, 'Hope Does Not Kill', pp. 67-101.

1. Ficksburg/ Basutoland Bridge (African Herb Specialists)
2. Kimberley (Cape African Dingaka Association)
3. Four/ Six Location of Bloemfontein (Orange Free State African Herbalists Association)
4. Bochabelo Village nearby Bloemfontein (African Dingaka Association)
5. Pretoria (African Dingaka Association)
6. Pretoria (South African Native Bantu Dingaka Association)
7. Durban (Natal & Zululand Inyangas & Herbalists Association)
8. Durban (Natal Native Medical Association)
9. Orlando/ East Johannesburg (Isambane African Medical Research Institute's Association)
10. Johannesburg (African National Native Herbs Doctors of South Africa)
11. Sophiatown (South African Bantu Dingaka Herbalists Midwives Sangoma Society)
12. Boksburg (African United Herbalist Board of Control – South Africa)
13. Lady Selbourne, (African Dingaka Association)
14. Kroonstad (Free State Bantu Medicine & Herbalist Practise Association)
15. Pinetown (African Inyangas' and Herbalists' Board of Control, U. of S.A.)
16. Mooi River/ Natal (Bantu Medical Union Club of South Africa)
17. East London (Cape Province Herbalist Association (Pty) Ltd.

**Illustration 4: Healers' professional associations in South Africa**



estimated number of 20,000 Africans.<sup>88</sup> The preservation and development of the rural homesteads from which people originally came remained a major preoccupation for the majority of migrants until far into the 1960s.<sup>89</sup> In and around Durban the African population grew tremendously in the first half of the 1930s, and in the course of this process social stratification increased.<sup>90</sup> Roughly 44,000 Africans were reported to live in this port town and commercial city by 1932. Four years later, in 1936, some 71,000 Africans were estimated to be residing in Durban. The African population grew further, so that in 1949, 150,000 Africans were registered in the city.<sup>91</sup> In a small freehold township such as Clermont near Durban 1,100 people had taken up residence in 1936 some 2,800 people dwelled in the same place in 1939.<sup>92</sup>

The same period saw an African population outside the mines of the Rand that was overwhelmingly migrant or first-generation immigrant in character.<sup>93</sup> Urban life remained conditional for them. As early as in the 1940s, a second-generation of African residents in municipal locations took in the new arrivals, who moved from the mines into the towns. Orlando, to the outskirts of central Johannesburg, counted more than 35,000 people.<sup>94</sup> In Lady Selbourne, township of Pretoria, African healers worked among the aspiring urban elite. Ten African doctors served the three African townships of Lady Selbourne, Atteridgeville and Vlakfontein in the 1960s, tending the health needs of roughly 200,000 inhabitants.<sup>95</sup> The 1950s and 1960s were a period denoted by a dramatic shortage of trained medical doctors.<sup>96</sup> It would have been lucrative, and pragmatic, for African healers to practise under such circumstances, yet their position was far from secure.

It was characteristic of any healers' association that they were culturally and ethnically open, and that they invited a range of diverse healers into their midst. Self-descriptions along the lines of ethnicity and culture became latent features in their repertoire of self-definition, but these were only rarely used systematically, and even more rarely with the intention to

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<sup>88</sup> Hunter, 'Urban Community', pp. 191-199.

<sup>89</sup> Mayer, Philip. *Townsmen or Tribesmen: Conservatism and the Process of Urbanization in a South African City*. Oxford 1961; Beinart, William. *The Political Economy of Pondoland, 1860-1930*. Cambridge 1982; Delius, Peter. 'Sebatagomo: Migrant Organisations, the ANC and the Sekhukhuneland Revolt.' *Journal of Southern African Studies* 15: 4 (1989), pp. 565-580; Harries, *Work, Culture*.

<sup>90</sup> la Hausse, 'Struggle for the City'. p. 37.

<sup>91</sup> Maylam, Paul. 'The Evolution of Urban Apartheid: Influx Control and Segregation in Durban, c. 1900-1951', in: Guest, Bill/ Sellers, John M. (ed). *Receded Times of Empire: Aspects of the Economic and Social History of Natal and Zululand since 1910*. Pietermaritzburg 1994, pp. 263-282.

<sup>92</sup> Swanson, Maynard W. 'The Joy of Proximity: The Rise of Clermont', in: Maylam, Paul/ Edwards, Iain (ed). *The People's City. African Life in Twentieth-Century Durban*. Pietermaritzburg 1996, pp. 274-298.

<sup>93</sup> Bonner, 'African Urbanisation', p. 117.

<sup>94</sup> Beinart, William. *Twentieth-Century South Africa*. Oxford 1994, p. 122.

<sup>95</sup> Lodge, 'Political Organisations', pp. 401-417.

<sup>96</sup> Walker, 'Spirit of the Mother', pp. 107-108.

exclude others. Theoretically, any healer qualified for membership who, from the perspective of those who admitted the applicants into the associations, was considered to be neither an unauthorised trader, nor a charlatan nor an evil-doer. One of the major aims of the associations was to neither discriminate against particular culturally defined practitioners nor to recruit on an ethnic basis, but to admit members on a basis as broad as possible.<sup>97</sup> As if to demonstrate this, in their official documents the associations used a multi-lingual approach and illustrated in this way that they held no notions of linguistic exclusivity. Slogans in two or three languages underpinned their integrative credo. The slogans translated definitions of healing into a variety of languages and cultures which according to the notion of ethnic diversity would have belonged to systems of health management of distinct ethnic units. "Tsoha O Itirele. (Motto) Vuka U Zenzele" became the motto of the African Dingaka Association.<sup>98</sup> Proclaimed in seSotho and isiZulu it meant "Wake Up and Do It Yourselves". The motto summoned the rise of a joint consciousness among African healers and emphasised that health could be achieved out of African people's own responsibilities. The rest of the document was in English, and hence intelligible, firstly, to doctors and patients who had no background in either Sotho or Zulu culture, and secondly, to white authorities which could have demanded the certificate as a document legitimising the healers' presence in town and which, in the case of bureaucracies, had to arrive at a decision as regards the legitimacy of the association.

The document illustrates that healers positioned themselves firstly vis-à-vis their patient-audience and secondly in relation to the state authorities. They communicated in two directions, addressing themselves to two publics. Their communication indicates, however, less the existence of a "primordial public" that was contrasted with the "civic public".<sup>99</sup> It denotes, rather, that the public sphere in urban South Africa was structured according to "races" and, more importantly, according to different understandings of African health and material well-being.

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<sup>97</sup> Another policy of recruiting has been identified in the Ugandan context, Whyte, Susan Reynolds. *Questioning Misfortune: The Pragmatics of Uncertainty in Eastern Uganda*. Cambridge 1997.

<sup>98</sup> SAB, GES 1783 25/30D stationery of the African Dingaka Association, 1931; SAB, NTS 9303 7/376 announcement of annual conference of the African Dingaka Association, 1952.

<sup>99</sup> Ekeh, Peter P. 'Colonialism and the Two Publics in Africa: A Theoretical Statement.' *Comparative Studies in Society and History* 17 (1975), pp. 91-112.

**Illustration 5: Motto of the African Dingaka Association printed in their forms for official correspondence**

The Untu Bantu Coloured Native Victoria Memorial [Association] used a motto which was broad enough to address more than one particular clientele, and that asked for support from both members of the association and from the state. "Esivivaneni" translated into "helping in any possible way", be it through a donation (which healers were probably asked for when they joined the association), or through any other effort.<sup>100</sup> The Orange Free State Herbalists Association, again, worked with a SeSotho motto translated into English,

Ha esale re hlaha mahlo re fumana bo Ntate-Moholo mehleng ea khale ba ntse ba itsebeletsa ka meriana ea bona ea hlaho ea Sesuto kante ho khatello - Since we saw the light of day did we find our great Grand-Fathers dispensing and administering African Medicines of African origin without repression.<sup>101</sup>

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<sup>100</sup> SAB, GG 1216 33/311 stationery of Untu Bantu Coloured Native Victoria Memorial Edifice, 1912; Interview Wiseman Masango with healers in Pietermaritzburg, August 2002.

<sup>101</sup> SAB, GES 1788 25/30M stationery of the Orange Free State African Herbalists Association, 1940.

**Illustration 6: Motto of the Orange Free State Herbalists Association, printed at the side of their official letters**

Self-confidently, their motto highlighted the repression which healers endured, and reminded the critics of African healing that Europeans had not laid the foundations from which African people's health and well-being sprang. The Isambane African Medical Research Institute's Association translated their motto into three languages: "Molimo ke oa rena bohle – Like God, love all His people – Impilo yomuntu isezimpandeni zemithi", and thus presented themselves as an interest group which acted across several ethnic, cultural and linguistic boundaries.<sup>102</sup> The mottos were programmatic statements in a reality that looked starkly different.

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<sup>102</sup> SAB, NTS 9303 9/376 certificate of the Isambane African Medical Research Institute's Association, Johannesburg, June 1958.

The Natal Native Medical Association worked with a motto through which they, in parallel to the Orange Free State African Herbalists Association, campaigned for the rights of African medicine. They used a multi-lingual motto so as to draw attention to the wide area of influence, and attached to it an almost universal claim for recognition.

**Illustration 7: Motto of the Natal Native Medical Association, printed at the side of their official correspondence**

"Izinyanga Zokwelapa": Zonke Izizwe Zine Zinyanga Zakubo Inyanga e Nkulu U Nkulunkulu, Owa Dala Zonke Izizwe Wazi dala Nemithi eqondene Nezifo zaleso Sizwe Naweke Muntu O Ntsundu uyo kwelashwa Ngu Muntu Ngemiti yakini.  
"Vikelani amalungelo emiti yakini"

translated into English as

"Native Doctors": All the Nations of the World have their own Doctors. The greatest Physician is God who created all the Nations, and also created along with them the Right and Exact Cures capable of Suppressing all the Diseases available in that Country or Continent Therefore the Success of a Native's Health lies through The Administration of his Native Medicines. Preserve S. A. Native Medical Rights.<sup>103</sup>

The translation provided by the *izinyanga zokwelapa* themselves illustrated once more that academic and legal distinctions between the established analytical categories of diviners and herbalists were not of primary concern in the language of healers themselves. *Izinyanga zokwelapa*, who translated their own designation as "native doctors" to their audience, proclaimed they had the right to be treated like doctors in "all the nations of the world". Legitimated by God, the Ultimate Authority, they had the capacity to deal with diseases "available in that country or continent". Legitimation by the state would hence only concede belatedly the legitimacy they already had been endowed with.

Other associations, such as the African Dingaka Association stressed, to a minor extent only, the issue of previous legitimacy through divine forces. Their crucial focus was to "improve the present state of 'Dingaka' and strive for its recognition by our Union Government and the European community right across Africa."<sup>104</sup> They wanted others to take note of the changes that had transformed African healing practices in the course of the colonial period, they aimed at reforming and restoring old practices, and they wished to have them universally acknowledged by other agencies apart from God, African elders and the chiefs. The South African Native Bantu Dingaka Midwives Sangoma Society displayed a similar self-confidence in its universal healing capacities. On their membership cards they displayed a roaring lion which they captioned

Health Cure the peoples association in the World. Johannesburg, Tvl, Orange Free State, Durban, Natal, Capetown Bloemfontein, Basutoland Swaziland, and Harrismith. And to go all over the world to cure health of the people.<sup>105</sup>

<sup>103</sup> NAB, CNC 50A: CNC 43/35 Natal Native Medical Association, Durban, 15.03.1935.

<sup>104</sup> SAB, GES 1783 25/30D African Dingaka Association, Lady Selbourne, to Minister of Health, Pretoria, 15.12.1931.

<sup>105</sup> SAB, GES 1789 25/30S certificate of the South African Native Bantu Dingaka, Pretoria, 1947.

**Illustration 8: Membership card South African Native Bantu Dingaka**

Laying claim to the world, or to the continent, and thus postulating a universal consciousness and claiming universally accepted rights, was an idea rather than a reality. The claim showed, however, that healers conceived of themselves not merely as local actors.

By expressing their ambitions in terms of the desire to be licensed, healers proclaimed that they conceived of themselves as part of the new elite. The licence was important for the new African elite, men who were educated, urbanised and Christian and who tended to be small entrepreneurs or landowners but who were also professionals, court interpreters, teachers or priests. From the 1920s onwards their economic independence was, however, undermined as the government reserved certain jobs for whites or refused to grant trading licences, so that in spite of their aspirations they experienced hardships and poverty similar to that of the working class. The new African elite saw themselves as "civilised", respectable and "progressive", attributes which in the course of this analysis will feature in more detail than hitherto. They believed in hard work, self-improvement and the assimilation of Western

norms. Hence, it was only logical that they sought acceptance by white society, in the pursuit of which they realised that they could not achieve this on the basis of individual merit but that this required the "upliftment" of the "race".<sup>106</sup> Healers had to engage in the double process of requesting the conferring of status upon their profession on the one hand and of arguing on the other hand that through the recognition of their profession they would achieve a contribution to the improvement of their patients' health and well-being.

In the academic literature a notion of culturally corporate, ethnomedical systems of healing prevails.<sup>107</sup> Within such systems, therapy management, which lineages and kinship groups cultivated, was analysed in extensive detail.<sup>108</sup> This insightful literature helped understand how healing worked in contrast to public health services, which the state was starting to build up at around this time. The provision of an array of preventive measures was identified, the techniques of diagnosis elaborately shown, the nature of therapy defined, and the meaning of ill-health interpreted. Broader social forms were reiterated in which the systems of healing have traditionally and also historically been embedded. In contrast to this hermeneutical strand a more interactive pattern of healing philosophies was recorded as entrenched particularly in the west of the continent. In Western Africa it was called into question whether neatly defined, centuries-old bodies of knowledge existed after all.<sup>109</sup> Through the interaction of many bodies of expertise health knowledge became fractured. The transmission of neatly bounded and contained bodies of knowledge was interrupted because people did not even care to know, and experts borrowed and took in from others what they saw worked for them. It is tempting to relate this argument to the South African urban context of the first half of the twentieth century. In the view of the official documents of the South African healers' associations it becomes evident that, in an urban and trans-local environment, yet another understanding of health evolved. The health practices may in many instances have concurred with rural health practices even though they may have revolved around new, urban-rooted issues. It is crucial to note, however, that a new awareness of health and healing evolved in the urban environment of South Africa, in the development of which experts strove for organisational structures through which they hoped to adjust to transformations underway in the understanding of health.

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<sup>106</sup> Eales, Katherine. 'Patriarchs, Passes and Privilege: Johannesburg's African Middle Classes and the Question of Night Passes for African Women', in: Bonner, Philip/ Hofmeyr, Isabel/ James, Deborah/ Lodge, Tom (ed). *Holding Their Ground*. Johannesburg 1989, pp. 105-140; Maylam, Paul. 'Introduction: The Struggle for Space in Twentieth-Century Durban', in: Maylam, Paul/ Edwards, Iain (ed). *The People's City: African Life in Twentieth-Century Durban*. Pietermaritzburg 1996, pp. 1-29, here p. 8.

<sup>107</sup> Yoder, P. Stanley. 'Issues in the Study of Ethnomedical Systems in Africa', in: Yoder, Stanley P. (ed). *African Health and Healing Systems: Proceedings of a Symposium*. Los Angeles 1982, pp. 1-20.

<sup>108</sup> Janzen, 'Pluralistic Legitimation', pp. 105-122.

<sup>109</sup> Last, 'Importance of Knowing', pp. 393-406.



Healers who worked in the name of such transformations were interested in authoritatively defining the body of knowledge they represented. In contrast to individual healers who approached the authorities, associations defined to a lesser extent the local practices, or the individual illnesses for which they could provide remedies and, in addition, they did not refer to their mentors or the witnesses of their success.<sup>110</sup> The system of reference employed by the associations was different. They worked towards endowing African healing with a claim to universality. One element of this universality was that representatives of the knowledge of African healing restored health throughout South Africa, and that they were part of a profession recognised all over the world. To assert this claim or, in other words, to put discourse into practice, the associations had, in fact, to unite a fragmented profession still consisting of many individual health practitioners.

Read against the issues that dominated the public health scenario, it appeared looked as if healers pursued an agenda that was completely unrelated to the diseases which medical doctors tried to combat. While healers fought with the government over rights of recognition, the government was challenged to respond to the appalling health conditions in rural and urban areas. They were confronted with high mortality rates, widespread malnutrition and alarming morbidity rates for diseases associated with poverty.<sup>111</sup> The 1919 Public Health Act decreed, at least theoretically, free and voluntary treatment were to be made available to the population of South Africa. It also helped to affirm white racial identity and privilege. The Health Act led to the establishment of free clinics for whites. In the medical discourse it marked a shift towards a moralist and racialist approach towards health. Even in those institutions which had a reputation as being the vanguard of modern health management, it could not be taken for granted that medical examinations, mining conditions, housing and diets were debated from scientific vantage points.<sup>112</sup> Between the 1920s and 1940s doctors sought explanations for diseases brought about by hunger and malnutrition, syphilis or tuberculosis in the inherent racial difference of Africans people rather than in the aetiology of diseases.<sup>113</sup> The racistly motivated and rooted assumption was put forward, for instance, that Africans did not wear European clothes properly. Furthermore, the biological presumption was argued

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<sup>110</sup> The evidence for this is abundant. See, for instance, NAB, 1/MAT 6/1/201; N1/12/8 Chief George Muoshesh, Great Place 21.07.1960, about Alexia Makorohana Moati; SAB, NTS 9301 1/376 translated request for a licence of one unnamed healer, Mathealiras, Gumtree (OFS), to Secretary of Native Affairs, 11.09.1925; SAB, GES 1782 25/30A 10.03.1960; SAB, NTS 9304 10/376 Tomas Ndlovu to SNA, Johannesburg 09.05.1938; SAB, GES 1783 25/30D A. Matibela, on behalf of Qobo Dlamini, to Secretary for Public Health, Durban 15.06.1932; NAB, 1/MAT 6/1/201; N 1/12/8 M. Bhengu & Comp., House, Land, Estate and General Agents. Durban, 06.08.1959; SAB, GES 1782 25/30A. This is just a small number of samples taken from the almost abundant requests.

<sup>111</sup> Jochelson, *Colour of Disease*, p. 93.

<sup>112</sup> Packard, *White Plague*, p. 175.

<sup>113</sup> Jochelson, *Colour of Disease*, pp. 111-140; Wylie, *Starving*, pp. 91-124; Packard, *White Plague*.

that Africans might have a different genetic make-up so that they fell ill more easily with certain diseases, such as tuberculosis for instance, than white people did. The decades from the 1930s to the early 1960s were, in particular, characterised by serious health implications in the industrialising centres. Housing, diets, working conditions and poor medical services contributed to an array of ill health conditions from which African people suffered in urban environments. In slum environments the lack of sanitation translated into parasitic diseases and diarrhoea, and even fatalities due to these ailments. Healers also did not refer to major diseases such as tuberculosis or major health ailments as for example malnutrition. Healers were not expected to make any contributions in this scenario. In their submissions to the authorities they did not offer any.

Actors on the margins, African healers concentrated on their own people's diseases. The public health debate did, though, spill over into their discourse. Ideas of race left quite a mark on their arguments, but healers also tried, wherever possible, to abstain from the racialisation of health issues. From the healers' perspective African health and illness were denoted and characterised differently. They became concerned if order was at stake. In urban environments "drinking, gambling and whoring... became largely divorced from the broader mediating influences of family life, and thus assumed a central role in the lives of thousands of skilled and unskilled miners."<sup>114</sup> The number of unattached women in town increased between the 1920s and the end of the interwar years.<sup>115</sup> The growing presence of African women in towns was an indication of the increasing stabilisation of the urban African population.<sup>116</sup> Apart from this, women represented tradition and order in the discourse of both African men and administrators. If they stepped outside this role of societal stabilisation they provoked reflection about social disintegration, and were apportioned the blame for the physical and moral decline of the African population.<sup>117</sup> African healers seized upon this perceived interconnection between the female role and the well-being of people, sought an alliance with the authorities and reassured them that they would not compete with the economic interests of white doctors, when they railed against the lucrative sale of love potions. Such medicines "can be used to any women to white and Black".<sup>118</sup> Government officials were, indeed, concerned because white people sought treatment from African healers, so that white doctors lost

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<sup>114</sup> Onselen, Charles van. *Studies in the Social and Economic History of the Witwatersrand*. vol. 1. Harlow 1982, p. 5.

<sup>115</sup> Phillips, R. E. 'The Bantu in the City: A Study of Cultural Adjustment on the Witwatersrand', in: International African Institute (ed). *Social Implications of Industrialization and Urbanization in Africa South of the Sahara*. Lausanne 1956, pp. 174-179.

<sup>116</sup> Maylam, 'Introduction', p. 16.

<sup>117</sup> Jochelson, *Colour of Disease*, p. 113.

<sup>118</sup> GES 1786 25/30J South African Bantu Dingaka Herbalists Midwives Sangoma Society, Sophiatown, 08.07.1938.

sources of income.<sup>119</sup> Of course, healers could not escape the language of race, and stated explicitly that even though they had internalised the norms derived from Europeans, they had, at the same time, no inclination to compete with European superiority.

Healers were asked to operate according to their own cultural logic and amongst their own people, and they were prepared to do so. As one of the certificates indicated, their philosophical credo was "Ye shall not kill nor give false evidence against others but ye shall save humanity from the sting of death whenever possible."<sup>120</sup> (European culture needed at least three vows, namely two biblical commandments and the Hippocratic Oath, to carve out a similar philosophy.) When this universal, Christian and health-oriented credo boiled down to practical agendas as they were pursued by healers in local contexts, it translated into the right to sell indigenous medicines. The entrepreneurially oriented herbalists easily found a vocabulary and language with which to advertise the skills and medicines they had to offer. This was basically possible without reference to any philosophies about race. They benefited from the circumstance that health legislation, especially in Natal, had presented them with many loopholes and that their health activities overlapped substantially with a biomedical understanding of medicine. As far as pragmatic approaches to health were concerned, African herbalists offered a service, the background of which was formed by a philosophy even though this philosophy did not need to be constantly stressed. The Natal and Zululand Inyanga's and Herbalists' Association, very pragmatically, promoted their image through a list of diseases they were able to handle and of cures they had to offer. The left hand margin of their official stationery used for correspondence bore the following imprint:

Yonke Imiti Yesintu. Insizi Zokuncinda. Inzinsizi Zokubhema. Izinyamazane. Imikhando. Amakhubalo. Izintelezi. Amaxolo. Ubulawu beSidine. Obumhlope be Nhlanhla. Izizwe. Ufufunyane. Isipoliyane noku nye okuhlanyisayo. Amafuta Ezinyamazane. Ukubetela Umuzi Isibaya naMasimu. Eyeniyongo yesi Zulu. Izeluleko Ngesihle.<sup>121</sup>

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<sup>119</sup> Flint, 'Competition', p. 209.

<sup>120</sup> SAB, NTS 9303 9/376 certificate of the Isambane African Medical Research Institute's Association, 19.06.1958.

<sup>121</sup> SAB, NTS 9302 1/376 stationery of the Natal and Zululand Inyanga's and Herbalists' Association, 1942.

**Illustration 9: Letter of ngaka I. J. Ndhlovu, scientist and president of the Natal and Zululand Inyangas and Herbalists Association, Durban, 16 Sept 1942**

This statement contained simple and straightforward information for those who needed assistance, and it ignored race. It explained that the Natal and Zululand Inyangas and Herbalists Association specialised in reproductive healing, which need not necessarily be reduced to biomedical cures. In addition to an array of medicines and potions they also promised to restore and reconstruct gender relations as much as relations between different generations. With this information they probably addressed prospective clients rather than government officials. And yet, government officials could not have taken real offence had they read this information.

The meaning of the medicines employed have perhaps undergone a change over the decades, but all the medicines are still known today.<sup>122</sup> They often alleviate pain and symptoms of affliction indicative of the ailments of our current times, but it is possible to assume that they helped in similar situations further back in history. Healers in Pietermaritzburg explained their medicines in the following way:

*Izinsizi zokuncinda nekhubhema* are subsumed under *izinyamazane*. Some of the medicines help when a person is having a terrible headache or pains in the body, others are specifically designed for children. *Amakhubalo* is used in many distinct ways, always depending on the *inyanga* who administers the treatment. We found that especially *ikhubalo likatikoloshe* is used by people who do bad things such as bank robbery, break into other people's houses, car hijacking. The medicine is believed to make those who take it invisible. In its form as *udosi lwempisi* thieves can burn it before they embark on stealing. As a result people in the house will fall asleep so that the thieves get out the desired goods without anybody noticing. It can also be used as a fortifier. Applied to your own body, it can make an attacker freeze, that is: unable to move. Sometimes that person will even forget that he wanted to kill the person. There is a wide range of *intelezi*. It protects people from bullets in wars. If mixed with water in a bucket and

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<sup>122</sup> Historical compilation of medicines, see for instance, Bryant, *Zulu Medicine*. For changes in application of medicine see Jolles, Frank and Stephen. 'Zulu Ritual Immunisation in Perspective.' *Africa* 70: 2 (2000), pp. 229-248.

sprayed with a broom, it chases away potential *abathakati* from your house. In that case it is similar to *amafutha ezinyamazane*. It can also protect deceased or their family from *abathakati*, and is applied with funerals. *Amagxolo* designates a medicine to be peeled from stems, branches and the roots of trees. *Ubulawu besidina obumhlope benhlanhla* are medicines for good luck, and come nearest to love philtres. There are specific rules how to apply, and not to overuse them. Finally, a number of diseases such as *izizwe*, *ufufunyane* and *isipoliyane nokunye okuhlanisayo* are mentioned. All of them are mental, or psychological diseases which make people scream loudly, run away. *Eyenyongo yesi zulu* are laxatives which clean the body and make it strong and energetic. And finally, *izeluleko ngesihle* are free advice, usually from adults to younger people on how to behave.<sup>123</sup>

In the struggle for privileges, which healers fought, on the one hand, on the basis of categories of universality and, on the other, as well in material local contexts, an amalgamation of race, culture and elitist aspirations did, inevitably, sneak in. In particular, African herbalists distanced themselves from Indian traders, who were more readily licensed than African herbalists. Traders obtained General Dealers Licences which disadvantaged "many of the old Inyangas" who subsequently associated themselves as "genuine Inyangas" in the Natal Native Medical Association founded by Mafavuke Ngcobo in 1930.<sup>124</sup> The licensing policy barred Africans from a lucrative market in which, in concurrence with the rest of the African elite, they wanted to participate, and through which they promised to develop the less advanced African part of the population. Native Commissioners sometimes took note of the fact that the herbalists who addressed the authorities were "educated native[s] with – for a native – an extraordinary business ability."<sup>125</sup> To prove their elitist status, herbalists produced income tax receipts, and some associations allowed for the registration of taxpaying healers only. And yet the restrictive licensing of African herbalists proved to be an ongoing dilemma. "It would have the effect of giving the European, Indian or Coloured medicine man the free run of the African market at the expense of the African practitioner," the Natal Mercury reported.<sup>126</sup> Due to the licensing policy of the government, African herbalists identified non-African traders in medicinal plants as rivals rather than as registered apothecaries or doctors. The Natal Native Medical Council

view[ed] with alarm that a practice has arisen amongst certain Natives and Indians in obtaining a 'General Dealers License' to cover their activities in dealing with Herbs, and compounding

<sup>123</sup> Interviews Wiseman Masango with various healers of Pietermaritzburg, August 2002, translations by Wiseman Masango.

<sup>124</sup> GES 1785 25/30G J. D'Alton, solicitor and conveyancer, on behalf of Natal Native Medical Council, Wilton Court, to Minister of Health, 29.08.1936.

<sup>125</sup> NAB, CNC 50 A; CNC 43/25 Natal Native Medical Association, Native Commissioner, Durban, 12.02.1935.

<sup>126</sup> GES 1834 74/30 Jordan K. Ngubane for Natal Mercury, 09.05.1951.

liquid medicines from these herbs, practically in the same way as an apothecary and dispose of them to whomsoever may come along to purchase.<sup>127</sup>

The harsh realities of competition were local in their extent. They formed an integral part of healers' wider search for the recognition of their rights. And yet the associations knew that if they wanted to promote more fundamental redefinitions of African healing, they could not rely exclusively on the advertising of marketable medicines. To truly reformulate the significance of African healing meant to carve out a social and a scientific place for it. Healers' associations started, as a first step, to describe and assess the state of the art. At this stage they often arrived at the conclusion that African healing had been subjected to pressure from colonial misinterpretations and because of changing of times. Secondly, they outlined steps towards the improvement of the current situation. More particularly, they wanted to reform African healing practices and they expected the authorities to grant their official recognition to this endeavour. Thirdly and finally, African healers campaigned for a standing of African healing appropriate to and commensurate with the times in South Africa's philosophies of health, order and prosperity. Frequently, they pondered about the niches of tradition in which African health activities would find protection, having in mind the advance of scientific medicine. All in all, healers never lost sight of their envisaged re-integration into the social and intellectual elite of the country.

To the alarm of healers, neither bureaucrats who legislated against the practice of African healing, nor the officials who applied the laws and regulations were sufficiently knowledgeable or even adequately informed about the art of African healing. For this reason healers' associations explained the state of their art in their charter documents. The president of the African Dingaka Association, Shipe L. D. Ditshego, elucidated that the term *ngaka* was derived from the words for stone and ground. "Stone means ground from which a stone is formed; Out of which different roots and herbs are found. Ground – Stone and the two together produce different roots and herbs."<sup>128</sup> He went on to explain that

'ngaka' in Native Custom is far different from that of a Medical Practitioner, a Native Ngaka is in fact a herbalist. Unfortunately when it comes to the European language we share the same word to express two different things.<sup>129</sup>

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<sup>127</sup> SAB, GES 1785 25/30G J. D'Alton, solicitor and conveyancer, Wilton Court, to Minister of Health, 29.08.1936.

<sup>128</sup> SAB, GES 1783 25/30D resolutions of the African Dingaka Association, c. 19.10.1932.

<sup>129</sup> *ibid.*

This was, in fact, a complaint about the confusing and distorting European labelling practices, albeit couched in very friendly terms.<sup>130</sup> The problem was that healers hardly ever had the chance to explain to the authorities from their own vantage point, what they were experts in. The members of the African Dingaka Association regretted that

Europeans who have no knowledge and idea of what our profession is ... have taken [knowledge about our bongaka] out of the hands of the owners, by saying it is 'WITCH-CRAFT' and at the same time taking advantage of it.<sup>131</sup>

Not every association was as outspoken as the African Dingaka Association. Some were more cautious when it came to apportioning the blame for the existing confusion about terms and practices exclusively to failures on the part of white people. In their view the deterioration of knowledge about African healing was due to the change of the times and they interpreted the fracturing of knowledge as a result of interaction with the modern world. "The function of 'ngakas' under old traditions and primitive sciences of medicine has sunk down to hatred which has renamed them 'witch-doctors', by the civilisation as if is true."<sup>132</sup> It is of interest to note that the association equated "old traditions" with "primitive science", and thus indicated a development, or an evolution, rather than a contradiction between tradition and science. The current times were denoted by civilisation – a cultural achievement towards which Africans and white people alike were striving. It was the elite, black and white, whom the Lady Selbourne branch of the African Dingaka Association wished to reassess the civilisational and scientific foundations of African health practices. The South African Bantu Dingaka Herbalists Midwives Sangoma Society also noticed a "mysterious change of natives back to their old custom" and argued that, so as to improve the situation, "let all the intelligent, man and women, not trample the work of god under their feet... what we require is the aid of God in this great downfall of our native race."<sup>133</sup> Healing was in a disastrous state, it was misinterpreted and misunderstood, and the associations set out to change this.

The aspiring profession outlined plans about how to tackle the dilemmas outlined. By and large, they promoted the modernisation of African healing practices, through which they would make African healing fit for the present time. Their starting point consisted in the creation of the awareness that "immense ideas as known by the African primitively before

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<sup>130</sup> See chapter 2.

<sup>131</sup> SAB, GES 1783 25/30D African Dingaka Association, Lady Selbourne, to Minister of Health, Pretoria, 15.12.1931.

<sup>132</sup> *ibid.*

<sup>133</sup> SAB GES 1788 25/30M conference announcement of South African Bantu Dingaka Herbalists Midwives Sangoma Society, Sophiatown, December 1938.

Europeans where known to this continent" still existed and needed to reappear in public.<sup>134</sup> In particular, they aimed to "improve the present stage of Dingaka", and they conceived of themselves as advocates to "prevent African Dingaka from using primitive science".<sup>135</sup> Such an ambition should not cause problems for an innovative, industrious and aspiring profession, which, in Johannesburg for instance, had chosen the *isambane* as its mascot. "Isambane above, like us, thrives on roots and rests not on its laurels," stated the motto of the Isambane African Medical Research Institute's Association.<sup>136</sup>

**Illustration 10: Motto of Isambane Medicines: Isambane above, like us, thrives on roots and rests not on its laurels**

Many associations argued for a new understanding of an old and already successfully transformed craft. The Orange Free State African Herbalist Association emphasised the seniority of African medicine in comparison to the medical knowledge introduced by Europeans. They reminded their interlocutors of the fact that European medicine had not been fundamental to bringing about the health of African people. Yet it had been crucial in effecting change. From this seniority of African medicine they derived not its superiority, but its dignity. They explained that the "vast knowledge and experience in the physical Art of healing" had been

handed down from posterity to the present generation, and no power on earth could decidedly determine to obliterate this tradition. [...] Before the advent of the Whiteman into Africa, the Native people were not immune from divers diseases which afflict body and health and no authority on medicine and rudiments of healing physic could gainsay the fact that the Natives had their own doctors who were learned in the medicinal art of healing by herbs, roots and barks and who were then and there guardians of the ills, diseases and health of their people.<sup>137</sup>

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<sup>134</sup> SAB GES 1783 25/30D African Dingaka Association, Lady Selbourne, to Minister of Health, Pretoria, 15.12.1931.

<sup>135</sup> *ibid.*

<sup>136</sup> SAB, NTS 9303 9/376 certificate of the Isambane African Medical Research Institute's Association, Johannesburg, June 1958.

<sup>137</sup> SAB, GES 1788 25/30M resolutions of the Orange Free State African Herbalists Association, Bloemfontein, 13.12.1940.



This rather lengthy elaboration epitomised the self-confidence of African healers and the dilemma the profession was fraught with since the "authorities on medicine" denied the worth and legal status of African healing.

Most healers' associations therefore campaigned for more than merely a re-acknowledgement of older traditions of African knowledge about health and disease. They emphasised that they had updated older forms of health knowledge, and that, in fact, they bridged the gap between the ancient roots of healing and the professional outlook healing was currently assuming. The South African Bantu Dingaka Midwives Herbalists Sangoma Society, which had taken note of the regression of African people to outdated health practices, campaigned for the twofold goal of, firstly, informing government authorities about recent developments, and secondly, renewing the instruction of Africans who had lost, through forgetting, their knowledge about matters of health. Their official stamp which they placed on all their correspondence proclaimed: "To Introduce Native Custom".

**Illustration 11: Stamp of the South African Bantu Dingaka Herbalists Midwives Sangoma Society: To introduce Native Custom**

Most associations realised that in "the present days which are of progress"<sup>138</sup> they needed to discharge themselves of "the works that want to be progressive, qualified through their beauty which has been observed by the civilised nation as good to the public".<sup>139</sup> They accepted the values of the present day and had no ambition of swimming against the stream. Their ambition was not to distinguish themselves from white people, Christians and medical professionals. Quite to the contrary, their intent was to reconcile. In order to refurbish older knowledge, the African Dingaka Association wanted to "collect as much knowledge about our 'Bongaka' and as much researchers as can be possible, to prepare for the future generation of

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<sup>138</sup> SAB, GES 1783 25/30D African Dingaka Association, Lady Selbourne, to Minister of Health, Pretoria, 15.12.1931.

<sup>139</sup> *ibid.*

European Medical practitioners of Africa."<sup>140</sup> This can be read as an offer to share knowledge and insights. It can also be understood as the determined response to take up the challenges scientific medicine had brought to South Africa. Whatever the motivation, healers actively sought the debate with "European medical practitioners of Africa", and thus articulated their desire to interact, not to separate. Research and "the Preservation and Advancement of Primitive Medicines"<sup>141</sup> were sub-headings of one and the same, vast and overarching programme to rehabilitate, re-introduce and reshape African healing.

"Science" and "research" were more than merely reoccurring slogans in the language used by healers' associations to describe the aspirations of their members. They were, in fact, central categories through which healers perceived and conceived the transformation of their craft. Individual healers such as "Ngaka I. J. Ndhlovu (Scientist), President of Natal and Zululand Inyangas' and Herbalists' Association" clearly considered themselves as scientists.<sup>142</sup> Others termed themselves experts in the "science of circumcision" and were keen on proving "Knowledge and Efficiency."<sup>143</sup> Some associations chose names that were modelled upon scientific organisations, such as the Isambane African Medical Research Institute's Association, which obviously copied the name of the South African Institute of Medical Research. The African Dingaka Association wanted to work as distinguished "scientists" as well, and declared that they were prepared to co-operate with universities.<sup>144</sup> The need to stress the scientific nature of African medicine probably also resulted from the "conversion" of many socially aspiring African families to science. When, in East Africa, families sent their sons to hospitals for circumcision, they were called "converts to science".<sup>145</sup> The situation in South Africa was perhaps similar.

In the academic literature the necessity to "translate" African systems of knowledge and to convey to western audiences the significance African healing had for the participants themselves has been stressed. As one author once put it,

especially the anthropologist's ability to act as a medium through which the religious concepts of African people are made accessible to a western-educated audience, in Africa and elsewhere... the anthropologist... is in a position to describe and translate these immediate data on

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<sup>140</sup> *ibid.*

<sup>141</sup> SAB, NTS 9303 9/376 certificate of the Isambane African Medical Research Institute's Association, Johannesburg, June 1958

<sup>142</sup> SAB, NTS 9302 1/376 Ngaka I. J. Ndhlovu, scientist, president of Natal and Zululand Inyangas' and Herbalists' Association, Durban, to Deney's Reitz, M. P., Minister of Native Affairs, Pretoria, 16.09.1942.

<sup>143</sup> SAB, GES 1786 25/30J resolutions of South African Bantu Dingaka Herbalists Midwives Sangoma Society, Sophiatown, 08.07.1938.

<sup>144</sup> SAB, GES 1783 25/30D African Dingaka Association to Minister of Health, 15.12.1931.

<sup>145</sup> Ranger, Terence. 'Godly Medicine: the Ambiguities of Medical Mission in Southeast Tanzania, 1900 - 1945.' *Social Science and Medicine* 15 B (1981), pp. 261-277, here p. 273.

African religion, and to explain the significance they have for the participants themselves – before these data become systematised, and more likely than not violated, in the process of scientific generalisation and abstraction.<sup>146</sup>

Healers who grouped themselves together in the professional associations of South Africa between the 1930s and 1960s would probably have considered such a statement patronising in that, while it referred to African religion rather than African ideas of health, it assumed that Africans themselves were not capable of translating the knowledge of the tradition they represented. South African healers were, quite conversely, eager to systematise their knowledge about health in terms of science.

The scientific nature of African medicine could not be completely disregarded or even discarded. Medical experiments had been observed in the East African kingdom of Bunyoro towards the late nineteenth century in a polity that had virtually had no contact with European scientific traditions. In Bunyoro the king ordered his chief healers to carry out experiments on patients to avert a health crisis. He asked them to devise, through practical "trial and error" and observation, a cure for serious and often fatal epidemic disease in the region.<sup>147</sup> Of course, this case cannot be generalised to apply to South African conditions as well, but it does show that scientific medicine was not the exclusive realm of Western health practitioners, neither in Bunyoro nor anywhere else. The claim of African healers, that through the advent of European science, different scientific traditions had started to interact with each other, is therefore not completely far fetched or even abstruse. This is important to note against the South African backdrop where people were convinced that natural powers drove the properties of medicines. They were wondrous, but not miraculous.<sup>148</sup> The approach of the Lovedu in the northern parts of South Africa were termed scientific as well because doctors were experimentalists, tried out new substances and antidotes to diseases. The difference between the approaches was not that one was "scientific" while the other was "irrational" but, again in the opinion of the Lovedu, it rather lay in the fact that Europeans handled disease mechanically, paid attention to superficialities, and never attempted to go to the real roots of the matter.<sup>149</sup> Both Europeans and Africans aimed at controlling nature, and of using insights – at which they arrived through different techniques – for the more pragmatic ends of curing and healing. Europeans and Africans both provided evidence of an enquiring mind, which

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<sup>146</sup> van Binsbergen, *Religious Change*, p. 178.

<sup>147</sup> Davies, J. N. P. 'The Development of "Scientific" Medicine in the African Kingdom of Bunyoro-Kitara.' *Medical History* 3 (1959), pp. 47-57.

<sup>148</sup> Krige, J. D. 'The Magical Thought-Pattern of the Bantu in Relation to Health Services.' *African Studies* 3: 1 (1944), pp. 1-13, p. 5.

<sup>149</sup> *ibid.*, p. 10.

employed and involved trial and error.<sup>150</sup> Supernatural beliefs had been relegated to the periphery of practical life, they continued to regulate ethics and to buttress social institutions, but they had no place in the urgent matters of producing and of selling goods, of waging war and preserving health. All these areas had become the domain of science, where the scientist, exercising supreme authority, performed wonders that gained him the explicit credulity hitherto reserved for the diviner priest.<sup>151</sup> Outlooks on problems were changing, and African healers themselves were very well capable to translate their medical traditions into the new terms of science.

As has been mentioned in connection with the debate about public health issues, notions of science were intimately tied to concepts of race. In the late 1920s and early 1930s a coherent policy of race emerged in South Africa.<sup>152</sup> Notions about race were reflected in medical discourses about health. Competition between white and African therapeutics translated into the biomedical community turning to the language of racial science. It was argued that African doctors were perhaps intellectually capable and astute enough to "learn" biomedicine, but were not morally fit to tend white patients.<sup>153</sup> Venereal diseases among Africans were explained in moralistic terms until far into the 1940s.<sup>154</sup> Experts on malnutrition were instrumentalising science to make moral assertions which, in an earlier age, would have belonged to the realm of religion.<sup>155</sup> It can be argued that African healers set a counter-narrative against this at rather an early stage. Their emphasis on African medicine as a science was brought forward at a time when the Department of Health and the Native Affairs Department were still imbuing diseases with an aura of morals as much as attributing them to issues of morality, if these diseases were encountered in African environments. Healers' discourse aimed for its orientation towards the Western and colonial definitions of science. They used a terminology clustered around "research", "efficiency" and "knowledge" rather than to utilise a vocabulary that would have been derived from their own tradition of science.

Making reference to science was a mechanism also designated to lend legitimacy to a political agenda. Healers used this language and technique to deduce from it as much advantage as anyhow possible. They hoped to achieve separate admission to a profession that was already predominantly defined by people of European ancestry. In the context of racism and oppression in South Africa, healers conceded that white people had not come to destroy all

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<sup>150</sup> Simons, 'Tribal Medicine', pp. 89-90.

<sup>151</sup> *ibid.*, p. 91.

<sup>152</sup> Dubow, Saul. *Racial Segregation and the Origins of Apartheid in South Africa, 1919-1936*. London 1989.

<sup>153</sup> Flint, 'Competition', p. 214.

<sup>154</sup> Jochelson, *Colour of Disease*, pp. 136-139.

<sup>155</sup> Wylie, *Starving*, p. 5.

that was good in African ways of life, but that they had brought the benefits of another civilisation. Healers hoped that they would be able to convince white people that, as representatives of the African elite, they themselves had arrived at a truer understanding of their own customs, and that they had adapted their own concepts, and thus "raised" them to the white man's level. In the words of the Orange Free State African Herbalists Association the hope was that "fair justice will be accorded to the Free State herbalists primarily under Government protection and recognition at the earliest momentous time when calm atmosphere prevails again in this sunny land of South Africa where Blacks should be encouraged by the Ruling class to adopt and retain those finer arts of their Native customs."<sup>156</sup>

Submission to political overrule, as it was, became more evident the further the course of the racist project proceeded in South Africa. On their fifth annual conference, in 1932, the African Dingaka Association had formulated in a direct and straight-forward manner that "this Conference considers it advisable that the authorities formulate conditions and terms as the fundamental basis of [our desired] recognition."<sup>157</sup> Even though this resolution left the eventual definition of terms to government officials, they requested that the authorities should act on their behalf. The tighter the restrictions of apartheid became, the more subserviently healers tended to present themselves in their efforts to achieve recognition. In 1948, the President General of the African National Native Herbs Doctors of South Africa requested

a ruling from you as to our definition. [...] We like to have unrestricted rights to practise healing work among our own people as according to the 'apartheid Policy'. We are asking for the right to work with our own people in all the Provinces.<sup>158</sup>

In a similar vein, though maybe with even more modesty, Timotho Hlobo, herbalist and member of the South African Elephant Herbs Medicine Society "Iitzanuse", explicitly stated in 1954 that the association on whose behalf he submitted the founding documents intended to serve Africans only. They wanted "to promote knowledge of African herbs", to "co-operate with our fellow-Africans" and to "aid them in their weaknesses".<sup>159</sup> Healers in the associations did not rebel against acknowledged officialdom. They offered their co-operation.

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<sup>156</sup> SAB, GES 1788 25/30M resolutions of Orange Free State African Herbalists Association (OFSAHA), Bloemfontein, 13.12.1940.

<sup>157</sup> SAB, GES 1783 25/30D resolutions of the African Dingaka Association, c. 19.10.1932.

<sup>158</sup> SAB, GES 1834 74/30 African National Native Herbs Doctors of South Africa, New Clare, to Minister of Health, Pretoria, 07.10.1948.

<sup>159</sup> SAB, NTS 9303 7/376 draft constitution of the South African Elephant Herbs Medicine Society "Iitzanuse", Timotho Hlobo, herbalist, Emjanyane (Cape), 20.12.1954.

Loyalty to the state also entailed that healers who considered themselves to be respectable distanced themselves from so-called charlatans, who were often termed "bogus doctors". The President of the African Dingaka Association recognised the problem,

I admit that there are mistakes done by other Dingaka among the nation; those are the mistakes which have to be corrected instead of judging the whole nation through the mistakes of few people who are to be taken care of and taught the right way by the Courts of Law.<sup>160</sup>

Witchcraft, of which African healers were frequently accused if they wore white coats or used a stethoscope, one of the important technical improvements of modern colonial medicine, and of which they were accused just as well if they committed themselves to "bone throwing and smelling out" could be controlled, as Shipe L. D. Ditshego, president of the African Dingaka Association, proposed. He, personally, distanced himself from such malpractice that could in fact "cause disturbance and great trouble". Two decades later the African Inyangas and Herbalists Board of Control, Union of South Africa, explicitly stressed that "certificates will not be issued to the Witchdoctors. or Izanusi. or Izangoma. as these People are Practising the Practise which is Illegally to the Government."<sup>161</sup> Obedience to the government was also expressed by R. S. Zama, "founder and managing director, herbalist" of the African United Herbalist Board of Control – S. Africa, who explained that his organisation had especially been formed to eradicate malpractices among herbalists.

We have Built such an organisation as to help the government and Public against Bogus Doctors. The Board intends to Protect the Public against such Herbalist who Pretend to be Inyangas wheres being criminals. [...] The Board has learned that the Government is ignorant on the practises of Arts of these uncivilised People. So they be not even Inyanga or Herbalist to deal with Herbs.<sup>162</sup>

Versed in the art and prepared to aid the state, especially in matters where it was weak, they wished to have anyone whom they detected as a pretending to be a doctor arrested and would have liked to see them charge for "Robboring the Public".<sup>163</sup>

In the late 1950s the argumentation revolved more and more stringently around policing activities, much in accordance with the tightened political climate in South Africa. The police, composed of the lower strata of petty officials, but accorded high racial status, was one of the

<sup>160</sup> SAB, GES 1783 25/30D African Dingaka Association, Lady Selbourne, to Minister of Health, Pretoria, 15.12.1931.

<sup>161</sup> SAB, NTS 9302 1/376 African Inyangas and Herbalists Board of Control Union of South Africa to South African Police, Pinetown, 06.05.1959.

<sup>162</sup> SAB, NTS 9302 2/376 African United Herbalist Board of Control – S. Africa, Boksburg, to Chief Native Commissioner, Maritzburg, 11.03.1958.

<sup>163</sup> *ibid.*

few, but intense, zones of contact between black and white people. They became the main agents of racial aggression, and were therefore interesting addressees for healers' associations and here especially from those associations which conceived of themselves as "boards of control" and offered policing services. The African United Herbalist Board of Control considered acting independently as a policing agency, or, if preferred by the authorities, as assistants to the state police. "When the Government has approved our Requist we the Board will ask the Police to keep eyes with People Pretending to be Inyangas and they will be not even one Inyanga or Herbalist to Practise without Reporting himself to the station commender of the Area and the Chief and district Commissioner."<sup>164</sup> The African Inyangas and Herbalists Board of Control, Union of South Africa, described a scenario with which the South African police could not cope on their own account.

There are Natives they are calling themselves Inyangas or Herbalists going up and down doing Mischief of Stock theft. Robbing and Forgering in the whole Union Native Areas. Because of the fact that they will be trusted among their own People which is then very easy to do any Mischief they like. Among the parcting Inyangas and Herbalists the above Board has founded that any Native Male who things of Mischief or to get Money by folse pritence he is to call himself Inyanga or Herbalists. in this there a re sort of Gang stars staying the native Locations or Domestic Servants. every Month ending they have to parcte in the other Domestic Servants where their are known and in these Gang stars there are five to ten groups. and in there will be a Leader among them who is a big Boss who passed this Native Practise Medicines so far as Southern Rhodesia. once they praise themselves like this they will now start to work and they will Practice Witchcraft.<sup>165</sup>

In addition, the board of control intended to check on and to contain alcohol and dagga consumption in the rural areas and to collaborate with the police. As the board knew the area, they assumed that the police could provide the telephone line. Healers' associations envisioned their contribution to society in acting as doctors, police and collaborators. They wanted to work towards the restoration of order. Yet the authorities were not convinced.

As political collaboration did not prove a worthwhile path to pursue, healers tried to regain social visibility in cultural terms. In the cultural arena healers developed a different attitude compared to the stance they took in the political one. While healers showed political subservience to apartheid, they did not, as has been elaborated above, succumb to apartheid-determined notions of racial purity as an ideal to be preserved. Their public visibility in places, out of which they had been relegated due to specific legislation, spoke not only to prospective clients, but to the urban environment more generally. Healers invited members of the association and the general public for gatherings in public buildings such as town halls,

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<sup>164</sup> SAB, NTS 9302 2/376 African United Herbalist Board of Control (Union of South Africa), 11.03.1958.

<sup>165</sup> SAB, NTS 9302 1/376 African Inyangas and Herbalists Board of Control, 06.05.1959.

markers of civic culture, rather than to gatherings in the streets or in private backyards. It would be too strong an assertion to suggest that healers declared such buildings as "their territory". They did, after all, not commit themselves to protests opposing the tighter regulations of African people's lives exerted by the state, just as much as they did not become visible in struggles around issues relating to the workplace, aspects which were important markers of the exploitation of political space.<sup>166</sup> More generally, it ought to be taken into consideration that healers did not claim urban space as a particular field of activity which they wanted to shape. It remains a difficult task to ascertain whether or not they really wished to contribute to town culture. Certainly they added to it. They used urban space, particularly buildings, to their own advantage. Clubs, shebeens, beer-halls and dance-halls were not only the cultural space of working class culture, but in the 1930s they provided a fertile ground for the fusion of elite culture and working class dance and music. Attempts were made to transform popular *ngoma* dancing into some sort of "harmless form of energy release". This attempt was not entirely successful, as *ngoma* performances continued to express an oppositional cultural form.<sup>167</sup>

The major associations promised intellectual gatherings with only a limited portion or element of entertainment. Annual meetings, numbered consecutively and announced publicly a couple of months in advance, were an occasion for healers to present themselves. The African Dingaka Association of Orlando East sent out invitations for their annual conference in the P. L. D. Hall in Alexandra Township.<sup>168</sup> By 1952 this had become a tradition of twenty years' standing, as one of the first annual meetings had been scheduled in 1932 in the Ebenezer Hall of Bloemfontein.<sup>169</sup>

The South African Bantu Dingaka Herbalists Midwives Sangomas Society sent out invitations for a General Conference at the Red School Eerste Rust in Pretoria.<sup>170</sup> Another one of their general meetings was scheduled to take place at the corner of Good and Edward Roads in Sophiatown.<sup>171</sup> Yet another society, the Orange Free State Herbalists Association, used the Bantu Social Institute Hall in Batho Village, Bloemfontein.<sup>172</sup>

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<sup>166</sup> Maylam, 'Introduction', p. 7.

<sup>167</sup> Erlman, 'Hope does not Kill', pp. 69, 89-92.

<sup>168</sup> SAB, NTS 9303 7/376 invitation of the African Dingaka Association for annual conference Nov 21-23, 1952.

<sup>169</sup> SAB, GES 1784 25/30D resolutions of the African Dingaka Association, 27.10.1932.

<sup>170</sup> SAB, GES 1786 25/30J announcement of general conference to be held on June 30, 1938, by South African Bantu Dingaka Herbalists Midwives Sangomas Society.

<sup>171</sup> SAB, GES 1788 25/30M announcement of General Meeting to be held Dec. 11, 1938 by South African Bantu Dingaka Herbalists Midwives Sangomas Society.

<sup>172</sup> SAB, NTS 9305 12/376 leaflet announcing a conference to be held Dec. 11-12, 1953.



**Illustration 12: Call for conference of the South African Bantu Dingaka Herbalists Midwives Sangoma Society, scheduled for 11 December 1938**

**Illustration 13: Call for conference of the Orange Free State African Herbalists Association, scheduled for 10 Dec 1953**

In the context of these conferences members were expected to pay their fees and renew their licences.<sup>173</sup> The correspondence with the authorities from the previous year was read out.<sup>174</sup> Conferences were also occasions for inviting the public who were given the opportunity of watching healers in action, of marvelling at their extraordinary skills, and of seeing how they examined initiands. "We invite all our church ministers, teachers, Blockmen and all leaders of African organisations to attend conference and help us attain our rights".<sup>175</sup> Healers addressed the new African elite and hoped that their attendance at the conferences would, in turn, enhance their own reputation. The Bantu Medical Union Club of South Africa counted teachers as members of their association, others invited the "petty bourgeoisie" to their meetings and conferences. Emulating the rituals of academic conferences, the administrative staff of the association issued registration tickets with names of the association

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<sup>173</sup> SAB, NTS 9303 7/376 announcement of annual conference to be held Nov. 21-23, 1952 by African Dingaka Association.

<sup>174</sup> SAB, NTS 9305 12/376 announcement of Annual General Conference to be held Dec. 11-12, 1953 by Orange Free State African Herbalists Association.

<sup>175</sup> *ibid.*

for each participant. Conference participants pinned the tags to caps, sleeves and chests, a gesture that gave distinction and a sense of fun to the gathering, as one journalist opined.<sup>176</sup> Professional concerns were as important as features of entertainment, as both would enhance the publicity the event received.

As a strategy to endow a group of people, or a profession, with respectability, the gathering in public buildings was an almost universal strategy. All over the world urban and small-town bourgeoisie have been observed to crystallise their nascent claims to social primacy by congregating in exclusive social units, matrices for the formation of a local elite, and all of them were eager to acquire their own buildings.<sup>177</sup> There they organised activities such as balls, banquets and lectures, depending on the style and context of the association. Healers' associations engaged in comparable activities. They were, however, far from having been granted the actual status of recognition of which they already tried to exhibit all the attendant "trimmings".

Healers wished to be publicly visible. They showed a strong inclination towards being apolitical. In the end they had to submit to the state and the dominant cultural trends. Hopes were dashed, resulting in disappointment. "This Organisation is not a Political Board. The Board takes everything to your hands", was the explicit claim of the African United Herbalist Board of Control.<sup>178</sup> But all the efforts were to no avail, and did not lead to the intended and hoped for success. The state refused to extend official recognition to African healers' professional associations. Individual healers had met ignorant government officials at the beginning of the century, and they still were confronted with the same attitude and level of informedness half a century later. The frustrations and disappointment of some of the individual petitioners were repeated in the experience of the associations.

Properly speaking the formation and existence of the Native Department was for the benefit of the Natives generally, but to our disappointment the result is the opposite. All impediments are placed in our way and we are driven to desparation. To make my point clear: a Native who knows from his boyhood herbs such as itshonwe-umfesi, inyongwane, magagana, umvawenyati - snake bite etc. etc. which herbs were known by our forefathers - and fathers and also by our people - and yet when we apply for a permit the Department which is supposed to know our wants and asperations after chopping and changing flatly declines to grant such a permit.<sup>179</sup>

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<sup>176</sup> SAB, GES 1834 74/30 extract from *The Friend*, 13.10.1950 "Native Medicine Men seek State Recognition" sent in by African Dingaga Association, Kimberley.

<sup>177</sup> Eley, Geoff. 'Nations, Publics and Political Cultures: Placing Habermas in the Nineteenth Century', in: Calhoun, Craig (ed). *Habermas and the Public Sphere*. Cambridge 1992, pp. 289-339, here p. 297.

<sup>178</sup> NTS 9302 2/376 African United Herbalist Board of Control – S. Africa, Boksburg, to Chief Native Commissioner, Maritzburg, 11.03.1958.

<sup>179</sup> SAB, GG 1216 33/311 M. N. Galela, from Untu Bantu Coloured Native Victoria Memorial Edifice, Alice, Cape Province, to Governor General, 26.12.1912.

Healers' drives at forming professional associations – their creative responses to the maintenance of urban health as much as their explicit subservience had been to no avail and had not changed anything.

I can hear from the Lord if it would be in wright permission to steal and do wrongfully as other people does because I am try by any all means to get Licence and I am failing. Even if I offer myself to the superior Lords for in my Court they refused, so that is why I wrote to you with much hope as I know that you are the superiors of my Court and the Capital of the Union.<sup>180</sup>

It became clear that if healers wanted recognition and public acknowledgement, they would probably have to look for other avenues to awaken interest in their projects.

### **The Certified Healer**

Doctors, lawyers, teachers, nurses and clerks commanded the upper ranks of the hierarchy of professional status in South Africa. Healers in the urban environment aspired to recognition of these ranks, and they wished to be members of a similar profession. Rather than wanting to be competitors, they adopted the rank and file of other professions as their role models. The most prevalent discursive nodes around which they wished to construct the respectability of their profession were the universality of the profession, its compatibility with science and the cultural mandate they embodied. All these discursive nodes were of importance and indicated that healers' efforts towards professionalisation were not a narrowly conceived ambition unconnected to concerns that drove the times. In their appeals to the authorities healers did not intend to promote their religious world view or their understanding of the divine world. Either their understanding of their relation to the supernatural was not affected by their attempts towards professionalisation, or they simply did not consider the state to be the appropriate interlocutor for this part of the transformation underway in their profession. In fact, patients, elders, and clientele may have offered more important criticism in this regard. Presenting moderate and generally accommodationist stances, they offered to the state pragmatic collaboration as the basis for their recognition rather than an oppositional ideology. Given the circumstances of legal discrimination and the tradition of licensing *izinyanga* in Natal, it was, during this phase, only natural that the professionalisation of healers was *visibly* driven by herbalists rather than by diviners. Diviners had good reasons to shy away from

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<sup>180</sup> SAB, NTS 9302 2/376 Bhokinkomo Zondi, qualified herbalist, to Department of Native Affairs, Pinetown, 11.08.1955.

appearing in public. Even though they were included in some of the associations, they did not stand out as leading figures.

Those healers who turned themselves into the protagonists of their own professionalisation were not only more frequently herbalists than diviners, but amongst them could be found members of the new elite, teachers and small entrepreneurs, for instance, who commanded the skills of reading and writing. Moreover, they were products of urbanisation. Healers who became active on behalf of their own professionalisation did not distance themselves from their rural counterparts, but their arguments, their strategies, and their self-conceptions differed from the ways in which rural healers envisaged themselves. As protagonists of urban scenes of healing, the representatives of the aspiring profession did not reproduce on their written documents the ethnographically recorded regalia and insignia such as goat bladders, white and black beads in the hair, whisks, medicine bags, charms and amulets, or quills. They introduced their very own style of visual self-presentation, which clustered around associational charters, multi-lingual certificates, renewable licences, professionally styled stationery used for correspondence, printed conference announcements, authoritative stamps and much more. In some important regards, they were prepared to subject themselves to scriptural based law, and showed that they were prepared to abstain from an understanding of healing that would be based on the consensus of the health-seekers alone. The community, of course, remained as one of their major. Healers took an interest in the diseases of order, rather than in individual biological ailments, from which the township communities suffered.

The 1930s through to the 1950s represent a period of healers' thwarted professionalisation. The immediate value of the documentation which exposes this process is that it shows how professionalisation was envisaged at a time before the South African mass media became involved in the meandering paths of healers' professionalisation and popularisation. From the documents dating from this period and available today it becomes evident that in conceptualising their profession healers had intended a macro-narrative rather than a narrative that looked into local specificities, technical details, or paths of individual socialisation. In this regard they differed substantially from the academic discourse that was conducted about them. Healers ideated themselves in the towns and the cities, they pictured themselves in networks irrespective of national boundaries, and they envisaged their task as being instrumental to remedying ailments with a claim to the universality of healing. Moreover, healers displayed ambitions to command the discourse about their activities. Even though ultimately doomed to failure, they tried to interfere with the dominant discourses in which bureaucrats, social scientists, scientifically trained medical practitioners and functionaries

engaged. Material dating from a later point in time and through which the thwarted ambitions of healers have to be assessed, and accessed, in a more indirect fashion do, as the subsequent chapters will show, not yield such a multifaceted abundance. These documents are indicative of healers' surroundings and they are, in wide sections, more sensitive as regards the responses to healers' activities as well as regarding the expectations held by people about healers and their activities.

The 1930s was also a starting point when many healers realised that, in order to consolidate their legitimacy, they would have to request legal recognition from the state. In Weberian terminology it could be argued that healers emulated a "rule of rationality". They installed constitutional rules and regulations for their associations, introduced a hierarchy of administrative staff and regulated social relations amongst the members of the associations. This "rule" over anyone who was becoming a member of the associations was "impersonal" because members were supposed to exhibit loyalty to the constitution, not to the person of the "president". Healers' associations, in turn, submitted to the rational rule of the state, to which they offered themselves as loyal personnel, as trained and professional personnel rather than as servants, in a diversity of functions which were reviewed in this chapter. They left aside the religious and spiritual aspects of their qualification. It can be assumed that adding an extra legal strand to the legitimacy of herbalists interfered less with the self-conceptions of herbalists' healing authority than it did with the legitimacy of diviners. This period is, again, an indication of an intended professionalisation process driven by herbalists rather than diviners. Neither did the protagonists in this chapter frequently recur to the ancestors nor did they refer to the loyalty they owed to the Supreme Being, or, even more problematically, to occult powers. Whether these aspects were on the wane in the cities is difficult to prove. It was, rather, the discourse that made it appear that way. Anthropological explanations stressed the decline of the pre-occupation with belief in witchcraft in urban contexts. They drew attention to the fact that, because the urban legal system did not permit public accusation of witchcraft and retributive action, sufferers found themselves unable to do anything to counter the causes of their misfortune. As a result of this, people were observed to turn to the ancestors as the cause of their affliction.<sup>181</sup> This may be taken as an albeit scant indication of the fact that healers did, actually, renew their role in the urban environment. It is only possible to note that in a later period and in another regional context, when the formation of the Dingaka (Traditional Healers) Society in Botswana was officially sanctioned in 1972, a comparable phenomenon was observed. In the context of the successful professionalisation of

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<sup>181</sup> Pauw, B. A. 'Ancestor Beliefs and Rituals Among Urban Africans.' *African Studies* 33: 2 (1974), pp. 99-111, here pp. 99-100.

African healers in Botswana it was noted that the *badimo* no longer occupied as central a position as they had commanded at a previous stage. Instead, a language of public service and of colleague relationships orientated at collegiality was emerging.<sup>182</sup>

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<sup>182</sup> Ulin, 'Traditional Healer of Botswana', p. 130.