

‘Playing at Public Health’ The Search for Control in South Durban 1860-1932¹

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If I might make a suggestion; get rid of all these sanitary inspectors who have absolutely no knowledge and appoint a man for the whole division to keep on going round, but of course you would have to give up the stupid farce of playing at public health and pay the man to do the work...the sanitary inspectors are useless. They refer to me for everything. The fact of the matter is that you head officials in Pietermaritzburg know absolutely nothing about the amount of work there is in a division like this and Natal Fever or something else prevents you from making enquiries or any attempt to find out.²

These are the words of the Health Officer for Upper Umlazi Dr O’Conner in a letter written on December 21st 1903 to the Medical Officer for the Colony of Natal in which he lambasted what he viewed as the amateurish attempts at dealing with the ‘sanitary problem’ in South Durban. One of the chief contentions of this paper is that O’Conner was himself ‘playing at public health’ together with many others in South Durban at the time because when he spoke about protecting the health of the ‘public’ he was referring to the health of the *white* ‘public.’ Until 1932 South Durban fell outside the boundaries of the Durban borough and various groups of people looked for greater control over a space on the urban fringe whose population – primarily Indian – were conceived of as a threat to ‘public health.’

The paper begins by tracing this search for control, which was primarily articulated through a (often racialized) ‘public health’ discourse. Then my focus narrows to look at the establishment and functioning of the South Coast Junction Area Health Committee (SCJAPHC) and the resistance and legal challenges that it (and the other peri-urban committees) faced which led to it being declared illegal in 1925. The third section begins with the reconstitution of the SCJAPHC as the South Coast Junction Area Local Administration Health Board (SCJALAHB) and examines its operation, the continued resistance of (largely Indian) ratepayers with which it was confronted, and the crisis of authority that it encountered after a faulty boundary change. Finally I turn to the concluding years of the SCJALAHB’s existence, highlighting the way in which the ‘public health administration’ that is represented had failed to deliver the control or improvements that had been hoped for and the manipulation of this failure by industrialists and City Council officials as they attempted to bring about the incorporation of the area at the beginning of the 1930’s.

The story told here is an essential part of the history of this city that has been largely ignored.³ This paper examines the way in which local governance worked through

¹ I would like to give special thanks to Prinisha Badassy and Julie Parle for their comments and criticisms of draft versions of this paper, which is based upon my Honours dissertation of the same title.

² Pietermaritzburg Archive Repository (PAR), Department of Public Health (DPH), 11/475/03, District Officer Upper Umlazi to Health Officer for Colony 21/12/1903. When I refer to South Durban in this paper this includes present day Bluff, Bayhead, Clairwood, Wentworth, Merebank, Isipingo, Seaview, Rossburgh.

³ Dianne Scott and Louise Torr have produced the only two major bodies of work on South Durban’s past. See D.Scott ‘The Destruction of Clairwood: a case study on the transformation of communal living space.’ D.M Smith (ed.) *The Apartheid city and beyond: urbanization and social change in South Africa* London, Routledge, 1992. D.Scott ‘Communal Space Construction: The rise and fall of Clairwood and District;

the guise of ‘public health administration’ in one of the most important of the areas that was ‘added’ to the Durban borough in 1932. The important point that I wish to emphasize is that in the case of South Durban there were never more than *attempts* at enhancing ‘control’ – something that the papers title implies – and ultimately *failure*. Through such an investigation the true significance of incorporation in 1932 to the development of South Durban becomes clearer.

‘The total absence of all control...’

In 1860, the first year of indentured immigration to the Colony of Natal, a quarantine station was built at the base of the Bluff. This was then replaced by a series of similar facilities during the 1870’s. They were seen as vital to the Colony’s attempt to contain the spread of infectious diseases that indentured labourers were thought to be carrying with them from India. Strict medical supervision at the Bluff was thus a key preoccupation throughout the final decades of the nineteenth century because of what the Colonial Secretary described in 1890 as “a possibly approaching epidemic”.⁴ When he learnt of the cholera outbreak that was believed to have affected the *Congella* ship crew he sent an urgent telegram to the Resident Magistrate of Durban that said: “we have no control on what is going on at the Bluff...”⁵

By the middle of the 1870’s there were an increasing number of free Indians living throughout South Durban, many engaged in market gardening and fishing. Much of the area experienced frequent flooding and thick vegetation and “large pools of stagnant water” that were “favourite breeding resorts of mosquitoes” meant that many white settlers in Durban dismissed it as a swamp.⁶ However, it was also a space in which

PhD, University of Natal, Durban, 1994. See L.Torr ‘Lamont: Durban’s “Model Village”? The Realities of Township Life, 1934-1960’ paper presented to the Conference of the South African Historical Society on Town and Countryside in South African History, University of Cape Town, January 1985. L.Torr “The Durban City Council and Urban Land Use 1923-1933: The Founding of Lamont” paper presented to the workshop on African Urban life in Durban in the Twentieth Century, October 1983. L.Torr ‘The Social History of an Urban African Community: Lamont, c 1930-1960’ University of Natal, Durban, January 1985 M.A thesis. L.Torr ‘Lamontville’ A History 1930-60’ in P.Maylam and I. Edwards (eds.) ‘*The People’s City-African life in Twentieth Century Durban.*’ University of Natal Press, Pietermaritzburg, 1996. Also see M.Olivier ‘Proposal to build an African village at Wentworth’ an unpublished Geography research project, University of Natal, Durban, 1990 which essentially covers the same ground as Torr. For the more distant history see N.L Ramoupi: “*The amaThuli and the Mnini Trust: A Documentary and Oral history.*” M.A Thesis; History Department; University of Natal, Durban; 1998. Otherwise, South Durban in the period that this paper covers is alluded to only in brief passages in a few parts of this city’s historiography B.Freund ‘*Insiders and Outsiders. The Indian Working Class of Durban, 1910-1990,*’68. J.Brain ‘An Economic Transformation: the Indian Community in Natal’ in B.Guest and J.M Sellers (eds.) *Receded Tides of Empire: Aspects of the economic and social history of Natal and Zululand since 1910*’ 200 and P. Maylam ‘Introduction: The Struggle for Space in Twentieth Century Durban,’ in P.Maylam and I. Edwards (eds.) ‘*The People’s City: African Life in Twentieth Century Durban,*’ 4.

⁴ PAR, Colonial Secretary’s Office (CSO), 2566/C61/1890, Colonial Secretary’s Minutes 28/08/90

⁵ PAR, CSO, 2566/C61/1890, Colonial Secretary to Resident Magistrate, Durban re: Medical Supervision at the Bluff Quarantine Station.

⁶ PAR, DPH, 31/485/1908, Health Officer of the Colony to Chief Engineer Public Works Department

Indians in particular were able to have access to cheap land that was plentiful, relatively fertile and most importantly, fell outside of municipal controls.⁷

The Indian fishermen who lived at the base of the Bluff at this time provoked what amounted to a succession of racist slurs by the Magistrate at Umlazi in 1882 about “[their] filthy mode of huddling together in their dirty houses...[and] fevers in its worst forms, which by [their] contact with whites and blacks may spread to an alarming extent.” He complained of “their well known...degraded state and murderous character...” before he bemoaned “the total absence of all control, no police inspectors, no sanitary regulations.”⁸

In July of 1901 a group of white residents from South Coast Junction⁹ petitioned the Attorney General for the appointment of a Justice of Peace pointing to the fact that the area was becoming “increasingly populated.”¹⁰ They petitioned again in 1902 and twice in 1903 but were unsuccessful – local perceptions of the need for control (perhaps prone to exaggeration) did not seem to match up to those in Pietermaritzburg.¹¹ In mid 1904 a different approach was attempted, with the formation of a local board committee with the intention of petitioning for the establishment of a legally recognized (and empowered) local board for the area. In a foretaste of things to come, ‘public health’ concerns (though not so clearly articulated) were closely tied with the desire for local control.¹²

Both Maynard Swanson and Elizabeth van Heyningen have explored the power of the so – called ‘sanitation syndrome’ as a societal metaphor within Cape colonial society but this aspect of urban history has been relatively under explored in relation to Durban.¹³

⁷ Memoir of Balbhadr Juggernath of Merebank, Pp. 16 and 33. See also D.Scott, ‘Communal Space Construction: The Rise and Fall of Clairwood and District,’ PhD thesis, University of Natal, Durban, 138.

⁸ PAR, SGO III/1/49 866/1882. Resident Magistrate Umlazi Division to Colonial Secretary 11/03/1882

⁹ At this early stage ‘South Coast Junction’ referred to the area around the South Coast Junction railway station (present day Rosburgh). Later it becomes a broader usage referring to the larger area of South Durban that fell under the Health Committee/Health Board of the same name from the early 1920’s. See map in appendix.

¹⁰ PAR, CSO, 1713/1901/6441, Attorney General. Forwards Petition from certain residents of South Coast Junction, asking that the station master be appointed a Justice of the Peace.

¹¹ PAR, CSO, 1713/1902/7530, J Penn, South Coast Junction. Forwards a copy of a petition requesting the government to appoint the station master South Coast Junction, A Justice of the Peace. CSO 1713/1903/6990, Residents, South Coast Junction. Resolution Passed at a meeting at South Coast Junction, Re Appointment of a Justice of the Peace in the district, name of Mr E.S Parsons submitted. CSO 1713/1903/6390, J. Penn, South Coast Junction. Forwards Memorial from residents of South Coast Junction asking for the appointment of W.H Stonell as a Justice of the Peace.

¹² PAR, Minister of Justice and Public Works (M.J.P.W), 121/832/1905, Walter A Stocken, Durban, Re Grant of Land on the Umlazi Side of the Umbilo River to the Proposed Local Board for South Coast Junction, 9/06/1904.

¹³ See E.B van Heyningen ‘Public Health in Cape Town’, 1880-1902’ paper delivered at Tenth Biennial National Conference of the South African Historical Society; 15th-18th January, 1985 at University of Cape Town and M. W Swanson ‘The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony 1900-1909.’ in *Journal of African History*, (1977, 18: 3) There is however an unpublished article by Brian Kearney ‘Bamboo Square: A Documentary Narrative of the ‘Indian and Native Cantonment’ at the Point, 1873-1903.

It appears to have been a powerful force behind the movement towards local control in South Durban.¹⁴ When outbreaks of infectious diseases occurred in this period, officials repeatedly expressed frustration at their inability to secure greater control over the movement of ‘contacts.’¹⁵ Part of the problem was that there were jurisdictional uncertainties specific to the Bluff that hampered effective action being taken.¹⁶ More pertinently a succession of mini-outbreaks after the turn of the twentieth century had highlighted the risks entailed in there being just one sanitary inspector in the whole of the Umlazi magisterial division.¹⁷

In early July 1904 an alarmed white landowner at South Coast Junction had warned the Umlazi Magistrate that: “if some local control is not granted to these particular districts, there will undoubtedly be a very severe epidemic on account of the sanitation.”¹⁸ The same year South Coast Junction was declared a ‘village’ under the provisions of the 1901 Public Health Act – a reflection of the threat that the ‘insanitary conditions’ in the area were believed to represent.¹⁹ In practice however very little appears to have resulted from its application – night soil disposal did not improve, the boundaries between the Seaview and South Coast Junction districts remained poorly defined, as ‘concerned’ white residents of the two districts were unable to reach an agreement whereby the local control they desired could be realised.²⁰ In 1907 the Magistrate noted that what he described as “almost all the influential people” of the South Coast Junction and Seaview areas were “strongly of opinion that from a sanitary point of view the present state of affairs cannot exist much longer” and that the time had come for both districts to be controlled by local boards.²¹

Throughout the first decade of the century residents in the larger area of South Durban attempted to gain ground in their battle against ‘insanitary’ conditions by trying to bring the provisions of the Public Health Act of 1901 into effect.²² The discussions that occurred with this goal in mind took place largely amongst police officials, and not officials exclusively concerned with public health – implicit in their correspondence is

¹⁴ PAR, DPH, 11/475/03, Resolution of Committee against certain wood and iron buildings at South Coast Junction, W.King to Dr Hill the Medical Officer of the Colony 30/3/03.

¹⁵ PAR, DPH, 18/1011/1904 District Surgeon to Resident Magistrate 11/08/1904 re smallpox outbreak and PAR, CSO, 1770/1904/8229 PJ Lawrence, MB, South Coast Junction, Draws attention to the action of the sanitary officials for South Coast Junction.

¹⁶ PAR, DPH, 15/559/1904, Umlazi District Health Officer to Health Officer for Colony 28/05/1904. In January of 1904 The Attorney General of the Colony was warned that a portion of the Bluff lying between the boundary of the Umlazi Division and the Light House was disputed in terms of whether the Umlazi or the Durban Magistrate had jurisdiction rights over it. See PAR, Attorney General Office (AGO), 1/8/93 20A/1904, Jurisdiction of the Magistrate over the Bluff, H.R Bousfield to AG, 29/01/1904.

¹⁷ PAR, AGO, 1/8/93/20A/1904, Jurisdiction of the Magistrate over the Bluff, H.R Bousfield to AG, 29/01/1904

¹⁸ PAR, Surveyor General's Office (SGO), III/1/218/549/1907, 14/07/1904

¹⁹ See PAR, DPH, 29/653/1907, District Health Officer Pinetown. Reports on Inspection of following 1. Indian Government Aided School Sea View 2. Government Aided School. 3. Piece of ground belonging to Mr Cartledge at South Coast Junction. PAR, M.J.P.W, 121/832/1905 and PAR, DPH, 475/03, W.King to Medical Officer of the Colony 30/03/03.

²⁰ PAR, DPH, 29/653/1907 and PAR, M.J.P.W, 121/832/1905

²¹ PAR, SGO, III/1/218/549/1907

²² PAR, DPH, 29/653/1907, S.Insp Natal Police to Sgt Bromley Natal Police Isipingo, 12/07/1907

the assumption that being a threat to ‘public health’ equated with criminality.²³ It is important to note that the desire for control was not merely confined to explicitly ‘public health’ concerns but also applied to more general notions of public order and morality. In 1906 The Magistrate of Umlazi wrote of “dens of infamy” at South Coast Junction and the way in which “the place reeks with debauchery...and is a disgrace to any community...it requires the most drastic and prompt treatment.”²⁴ By and large however sanitation remained the primary concern since it was believed to impact most directly on ‘public health’.

Against this backdrop local landowner organizations attempted to encourage the onset of the fundamental structural changes that incorporation into the borough symbolised. In August of 1911 the South Coast Junction District Association first wrote to the Town Clerk of the Durban City Council asking that the council “apply for parliamentary powers to extend their boundaries so as to take South Coast Junction and Sea View into the borough of Durban.” In 1913 similar requests were noted in an annexure to the Mayor’s Minutes in the light of the malaria epidemic three years previously where preventative steps taken outside the borough had proven ineffectual. Again in 1919, the Durban Borough Boundaries Extension Enquiry Committee considered the idea of incorporating what had already been pinpointed as “the industrial districts of South Coast Junction, Merebank, Jacobs and Wentworth,” together with other peri-urban areas.²⁵ Somewhat surprisingly, given the signs that the Durban City Council was becoming increasingly receptive to incorporation, the Provincial Council chose to draw upon the provisions of the Public Health Act of 1919 to set up health committees to administer peri-Durban areas instead.

The response amongst white landowners in South Durban to this decision was decidedly mixed.²⁶ Some were eager to ‘get to work’, delighted that they had finally guaranteed the local control they had petitioned for since the beginning of the century, while others maintained that the area should have been incorporated immediately.²⁷ By looking at the functioning of the SCJAPHC and of its successor – the SCJALAHB and the responses of the ordinary population of South Durban to these bodies the reason for some of the landowners hesitancy can be understood. They were not simply interested in

²³ PAR, DPH, 29/653/1907, H.O of Colony to Chief Commissioner of Police, 20/07/1907

²⁴ PAR, Secretary Native Affairs (SNA), I/1/358/1906/4130, Alleged ‘dens of infamy’ at South Coast Junction, Magistrate Umlazi to Secretary of Native Affairs. The obsession with ‘shebeening’ runs from the late nineteenth century with the passing of the Liquor Laws through the early decades of the twentieth century in Durban reflecting not only the importance of a sense of order and control for the white ruling class and a moralizing ideology but also the more pragmatic economic determination to maintain the municipal beer monopoly – the ‘Durban system.’ Outside of the municipal boundaries, however, as South Durban was at this time, it was primarily an issue that served to illustrate the lack of control that the ruling class had over large areas on the urban periphery.

²⁵ See Durban Archives Repository (DAR), Town Clerk Files (TCF), 14/4/1 Durban Borough Extension Commission Enquiry Commission.

²⁶ Extract from minutes of Public Health Committee, 8/11/1922 cited in DAR, TCF, Durban Borough Extension Commission Enquiry Commission Memorandum, 14/4/1.

²⁷ PAR, Natal Provincial Administration (NPA), Provincial Secretary’s Files (PSF), Local Authority Matters (LAM), 1/7680, Box 806.

‘public health’ but in a broader and more far reaching control than that. As we will see, however they did not get what they wanted.

‘The Indians have won again’

The SCJAPHC came into being with Provincial Ordinance No. 7 of 1923 which entrusted the responsibility for the administration of ‘public health’ in Durban’s peri-urban areas to “the people most intimately concerned with such matters...the owners and residents of the district,” – those with a “knowledge of local conditions and requirements.” It was hoped that because these members of the *white* landowning elite were “personally interested” in the processes of administration this would “tend to economic government.”²⁸ ‘Public health administration’ would be financed by rates charged by the committees for services delivered and from fines for non-compliance with the health regulations. The rhetoric of this ‘public health’ discourse emphasised that the approach adopted by Natal’s Provincial Authority was “to allow the people of defined areas” to take control “into their own hands and not to be subject to outside authority which possibly knows nothing whatever of the wishes or circumstances of the people concerned.”²⁹ Implicit in all this language (and most obviously in the nomination regulations) however were the assumptions that the ‘public’ that was to participate in and enforce the administration of ‘public health’ was white and that the ‘public health’ that was most important was that of the white ‘public.’

From the beginning the peri-Durban health committees were less than confident of their authority and feared that the Provincial Council had “travelled beyond the Public Health Act and had conferred powers that in some cases were ultra vires.”³⁰ It took just a few months for the first signs of mobilisation by sections of the Indian population against paying rates and obeying committee regulations to emerge. At first the Indian ‘petty-bourgeoisie’³¹ of South Durban appears to have accepted the establishment of the health committee. They set up a parallel consultative organisation named the ‘South Coast

²⁸ PAR, NPA, PSF, LAM, Box 767, Speech ‘Public Health Administration’ delivered on the 12/05/1924 at Warner Beach. In his keynote address the Provincial Secretary explained the context for the Health Committee’s and their role. What he described as ‘close population’ was identified as an evil in need of careful control. Tied to this there was a determination to ensure some sense of order in terms of the way in which land (property) was divided and development occurred. He juxtaposed ‘individual’ and ‘collective’ desires to advance his argument. Though couched in the seemingly neutral language of planning the appeal to order and control would have played directly into the more explicitly racist formulations of the same desire that were outlined above.

²⁹ PAR, NPA, PSF, LAM, Box 767, Speech ‘Public Health Administration’ delivered on the 12/05/ 1924 at Warner Beach.

³⁰ PAR, NPA, PSF, LAM, Box 767, 7/6718, Transcript of Notes taken at Conference of Public Health Committees held at Durban 14/08/1924. The transcripts of the meeting provide a revealing look at the nature of ‘public health administration’ at this time and the ‘problems’ that were already presenting themselves in terms of [its] implementation on Durban’s periphery.

³¹ Perhaps a slightly contentious term given its association with a particularly rigid form of Marxist analysis that tends to diminish individual agency. I use it here to signify a particular social status and not necessarily to imply some of the negative associations with which the term has been linked, though these cannot be disregarded. I use it here to signify “the class or strata between the bourgeoisie and the working class” and not necessarily to imply some of the negative associations with which the label has been linked. See *‘A Dictionary of Marxist Thought’* Ed. by T.Bottonmore, 333.

Junction Area Indian Health Committee' though they cautioned their white counterparts "our community does not approve of some of the provisions of the aforesaid act and enabling ordinances."³² A mass meeting was held at Clairwood in the first week of October 1924 – and the body claimed that [it] had been formed out of "a response by people on the ground..."³³ The interaction between the two bodies started out in a relatively cordial fashion but early next month the SCJAPHC forced the Indian body to change its name because the white body claimed the former were without "any authority to participate in the administration of public health."³⁴ By asserting its primacy as *the official* 'public health' body of the area the racial dimensions of 'public health administration' were revealed. In January the renamed 'South Coast Junction Indian Health Committee' – minus the 'public' – had called another mass meeting at Clairwood that encouraged those in attendance to withhold payment of rates and thereby contest the Public Health Committee ordinance. The white body complained that "such hostility cannot have but prejudicial effect upon the good relations which at one time was hoped would ultimately exist between the respective bodies; and also on the purposes for which the Public Health Committee's were constituted."³⁵ The struggle over the 'administration of public health' had begun.

The umbrella body responsible for co-ordinating this challenge to the Health Committees was called the 'Union of Suburban Indian Committees', which consisted of landowners and merchants – though it claimed to represent the broader opinion of Indians living in the areas under the jurisdiction of the Public Health Committees outside Durban.³⁶ Local lawyer W.L Burne was hired by the organisation and he advised that the creation of Public Health Committees was "beyond the jurisdiction of the Provincial Council" and therefore the Committee's possessed "no authority to impose rates."³⁷ On these grounds the Union had decided to test the validity of the Public Health Committees in the Natal Supreme Court. An emergency meeting of the Health Committees was called in response to what was described as "the threat of the Indian community which aimed at the very existence of the Public Health Committees."³⁸ The Provincial Administration's legal advisor suggested that the committees sue at least one white for non-payment of rates "thus cutting away the Indian argument that the Committees were embarking on race distinction." After a discussion, however it was decided to "sue the Indian and not the white man."

³² PAR, NPA, PSF, LAM, 1/7680, Box 806, South Coast Junction Area Indian Health Committee to Chairman and Members of the SCJPHC, 22/10/1924

³³ The letter was signed by E.M Paruk the Chairman of the Committee. Paruk was a merchant of considerable wealth. He was the owner of the Crescent Buildings in central Durban, and a sugar mill. See U.Dhupelia-Mesthrie *'From Cane fields to Freedom: A Chronicle of Indian South African Life'* Caption 18. See also G.Vahed 'The Making of Indianess: Indian politics in South Africa during the 1930's and 1940's in *The Journal of Natal and Zulu History*, 17; 14,1997.

³⁴ DAR, South Coast Junction Public Health Committee (SCJPHC) Minute Books, Box 3502, Minutes of Meeting, 11/11/1924

³⁵ PAR, NPA, PSF, LAM, 1/7680, Box 806, Secretary of SCJAPHC to SCJA Indian Health Committee, 24/10/1924

³⁶ PAR, NPA, PSF, LAM, 9/6718, Union of Suburban Indian Committees to Provincial Secretary, 3/02/1925.

³⁷ PAR, NPA, PSF, LAM, 9/6718, W.L Burne to Secretary SCJPHC, 3/02/1925.

³⁸ PAR, NPA, PSF, LAM, 9/6718, Minutes of meeting of delegates from the PHC's on 17/02/1925.

In the first week of March the deputy Provincial Administrator Hershensohnn wrote to the Minister for the Interior, D.F Malan explaining:

The Public Health Committees were constituted around Durban which have only just commenced to function, but no sooner did they begin to collect rates when the validity of the ordinances was questioned, and it was intended to bring a test case on behalf of the Indian community, the vast majority of whom refuse to pay their rates until it is determined by the courts of law that the ordinances are *intra vires*. The difficulty, however, which arises, is that the few ratepayers who are paying are doing so under protest, and this is holding up the very good work of cleaning up the areas under the ordinance and the public health act, which it seems to me necessitates some urgent action on the part of the government as well as the provincial administration...the action of the Indian community, however, not only renders it impossible for the Committees to meet their obligations but requires further financial help until the point at issue has been settled by the law courts, which it is thought, if taken to appeal, cannot be determined finally until some time next September. If the law courts decide that the ordinances are valid, there will of course be no difficulty in putting matters on proper lines afterwards. Meanwhile, however, things must be more or less at a standstill...³⁹

The same day Hershensohnn also wrote to Dr. Mitchell at the Department of Public Health saying

The point really is this, that independent of the paralysing effect the threatened action is having on the Committees, if the ordinances are declared *ultra vires* the last condition of affairs will be more chaotic than ever, and it will only be the Union Government who will have to clear up the mess at, perhaps, a very serious expenditure.⁴⁰

The committees had been instructed to continue with the collection of rates and other functions but the rates were not coming in.⁴¹ The Union of Suburban Indian Committees had sent out a letter to Indians living in the various 'public health areas' asking them to stop paying the 'health rates' until advised otherwise and the challenge the Committees faced was causing continued dismay in the highest national government circles.⁴² Meanwhile, on the ground in South Durban, as elsewhere in peri-Durban, the rates boycott continued and it was no longer confined to the Indian population.⁴³ However, the size of the Indian population in SCJ – the largest of all the other 'health areas' meant that their non-payment had a particularly paralysing effect on the already limited finances of the SCJAPHC.⁴⁴ The legal dispute meant the Committee's hands were

³⁹ PAR, NPA, PSF, LAM, 9/6718, Hershensohnn to D.F Malan, 4/03/1925.

⁴⁰ PAR, NPA, PSF, LAM, 9/6718, Hershensohnn to Dr Mitchell, 4/03/1925.

⁴¹ PAR, NPA, PSF, LAM, 9/6718, Copy of letter from Provincial Secretary to Public Health Committee's, 9/03/1925 and DAR, SCJPHC Minute Books, Box 3502, Minutes of Meeting, 16/03/1925

⁴² PAR, NPA, PSF, LAM, 9/6718, Minister of Justice W.E. Bok to Minister of the Interior D.F. Malan, 19/03/1925.

⁴³ DAR, SCJPHC Minute Books, Box 3502, Minutes of Meeting, 26/03/1925. See also PAR, NPA, PSF, LAM, 4/41/7680, Secretary SCJPHC to Acting Provincial Secretary, 24/04/1925.

⁴⁴ DAR, SCJPHC Minute Books, Box 3502, Minutes of Meeting, 26/03/1925. While the validity of the ordinance (and by implication, the Health Committees themselves) hung in the balance, the financial advances to the committees were also in jeopardy. See PAR, NPA, PSF, LAM, 5/6718, Provincial Auditor to Provincial Secretary, 10/09/1925

tied – their authority was being challenged daily by those who were “ignoring notices in respect to insanitation.”⁴⁵

The Committee also had to contend with the proposal by the Durban City Council (D.C.C) to build a ‘Native and Indian village’ on land [it] had recently acquired at Wentworth under the requirements of the 1923 (Native) Urban Areas Act. The committee’s position was that “it would have a very detrimental effect not only on the public health conditions of the area, but on the social and economic conditions as well.”⁴⁶ They made it clear: “the object of the European community is to decrease the number of Indians in the area, not increase it...”⁴⁷ A strongly worded letter to the Provincial Secretary in early July summed up the committee’s position:

The introduction of these Indians and Natives would considerably increase the enormous number now in the area and aggravate the insanitary conditions which are already acute. The Indians are not only principally the cause of this state of insanitation, owing to their inherent disregard of such matters, but they are also the cause of preventing the Public Health Act being effectively administered by reason of their refusing to pay Health Rates and ignoring orders requiring them to remove nuisances and otherwise conform to the regulations. Although purely a Public Health Body, my Committee wish to further point out that the establishment of this village and the introduction of these people would also increase the detrimental effect which the Indians are having upon the social and economic conditions in the area. The European population is increasing in certain parts which are being developed by way of the opening up of land and the erection of residences, but if this penetration by the Indians continues it will have the effect of checking this development and, making the area in general undesirable for European occupation...we desire that this shall become a populous European residential area and in addition to being an important industrial one.⁴⁸

Along with racist ideas about Indians, in the final sentence we have an articulation of a sentiment that runs right through much of the 20th century in this country – an impossible dream premised on a belief that the insatiable desire for black labour could somehow be coupled with the creation of a purified white space. In reply, the Provincial Secretary explained that he could not prevent the D.C.C from buying the land “particularly as Indians and Natives are already living in the locality and there is every reason to believe that the land will fall into the hands of speculators for sale to Indians in the event of the corporation failing to acquire it”⁴⁹ Such pragmatism would take some time to be shared by the Committee however.

The focus of the SCJAPHC soon shifted back to the looming court battle. The chief argument used by Burne was that the Public Health Committees were not “lawfully established” bodies since the Provincial Council had no power to create them as it had

⁴⁵ DAR, SCJPHC Minute Books, Box 3502, Minutes of Meeting, 15/04/1925.

⁴⁶ DAR, SCJPHC Minute Books, Box 3502, Minutes of Meeting, 26/06/1925.

⁴⁷ DAR, SCJPHC Minute Books, Box 3502, Minutes of Meeting 8/08/1925.

⁴⁸ DAR, SCJPHC Correspondence Files, Box 3502, Secretary SCJPHC to Provincial Secretary, 4/07/1925.

⁴⁹ DAR, SCJPHC Correspondence Files, Box 3502, Provincial Secretary to Secretary SCJPHC 16/07/1925.

For a detailed study of the dispute between the Durban City Council and the landowners of South Durban see L.Torr “The Durban City Council and Urban Land Use 1923-1933: The Founding of Lamont” paper presented to the Workshop on African Urban life in Durban in the Twentieth Century, October 1983.

attempted to do in 1923.⁵⁰ The Public Health Act of 1919 stipulated that the local authority body charged with promoting ‘public health’ had to be “in the nature of an urban authority.” The problem was that the Public Health Committees, including the one at SCJ, were not ‘managing’ urban areas – or at least not areas that were *truly* urban. Under the Public Health Act of 1919 only the Governor General of South Africa could define or proclaim a Public Health Committee to oversee *rural* areas – the Provincial Legislature had exercised powers that it didn’t possess. As a result the judge declared the Committee’s ‘ultra vires.’⁵¹

The day after the decision the Provincial Secretary wrote to the Minister of Public Health saying that it was “absolutely essential that these areas should be under some constituted form of control.”⁵² Although the committees had been instructed to continue their work, on the 6th Dr. Park Ross the Assistant Health Officer for the Union sent an urgent telegram to the Secretary for Public Health noting simply: “work at standstill and officials without status”⁵³ On the 16th the sanitary inspector at Pinetown wrote to the Secretary for Public Health saying:

It would appear that the areas around Durban will again be as formally, viz, without control from a health point of view...this is most unfortunate inasmuch as once having tasted local control it would be unwise to abandon it so far as the peri-urban areas are concerned. Something therefore needs to be done to restore confidence and retain in some form the principle of local government in matters pertaining to public health. The opposition from the Asiatics is not due to their resenting local control, that they are ready to concede – but in the form it was applied, viz Health Committees, they would have none of it as they considered it was used as an instrument against them.⁵⁴

Although his differentiation between a resentment of local control, *per se*, and the oppressive effects of the Health Committees specifically may be a false one, it does point us to one of the central themes of this paper, namely the way in which ‘public health administration’ of Durban’s periphery was articulated as being fundamentally about control over Indians.

The Health Committees’ appeal against the decision was rejected. One senior provincial health official noted with horror that the committees “now have no authority at all...the Indians have won again.”⁵⁵ The appeal decision had in fact merely confirmed what had become clear the previous month – the Provincial Administration had blundered. Like other peri-Durban committees the SCJAPHC was soon assailed with requests for rate refunds.⁵⁶

⁵⁰ From PAR, Registrar of Supreme Court (RSC), 115/356, Case No. 65 of 1925. Ruling by Justice Dove-Wilson of Supreme Court in Isipingo PHC vs. A.G Jadwat. (Test Case.)

⁵¹ PAR, RSC, 115/356, Case No. 65 of 1925.

⁵² PAR, NPA, PSF, LAM, 9/6718, Provincial Secretary to Minister for Public Health, 02/10/1925.

⁵³ PAR, NPA, PSF, LAM, 9/6718, Assistant Health Officer of the Union, Dr. Park Ross to Secretary of Public Health, 06/10/1925.

⁵⁴ PAR, NPA, PSF, LAM, 9/6718, Sanitary Inspector to Secretary of Public Health, 16/10/1925

⁵⁵ ‘Health Committees Illegal’, *Natal Mercury*, 27/11/1925

⁵⁶ PAR, NPA, PSF, LAM, 1/7680, Box 806, SCJPHC Chairman to Provincial Secretary, 10/12/1925.

While the authorities in Pietermaritzburg scrambled to draft corrective legislation, the question of pollution by industries in SCJ reared its head. Park Ross accused the committee of “handing the baby back” and a “signal failure” in its handling of the Natal Chemical Syndicate before insisting: “the whole thing is not a question of shouting at an industry to put its house in order.”⁵⁷ Like those residents of the area that joined the rate boycott for opportunistic reasons, the company had tried to take advantage of the legitimacy crisis faced by the committee.⁵⁸ The smell associated with its effluent had been “a very serious nuisance even to Durban” for some time and Park Ross had warned the Provincial Secretary: “if the nuisance is not elated within three months they [the committee] will apply for an interdict.”⁵⁹ Ross was opposed to such a course of action, as we shall see below. For the mean time, however because of the court decision the administration of ‘public health’ was in limbo.

Reconstituting ‘Public Health’

By a declaration in the Provincial Gazette the SCJAPHC was reconstituted as the South Coast Junction Area Local Administration Health Board (SCJALAHB.) The first piece of legislation passed by Natal’s Legislative Assembly in 1926 was meant to retrospectively legalise the actions undertaken by the peri-Durban Health Committees in the last two years, but the bulk of the ratepayers of SCJ still refused to pay rates.⁶⁰ The Board also had little power to challenge Park Ross’ dismissal of the Board’s request for an interdict against the Chemical Syndicate. He felt that it would be “unbecoming to threaten interdicts and tell the companies to mend their ways... knowing that the problem was the reverse of simple and might be insoluble.” Any interdict, “or possibly taxation would merely drive the industries concerned out of South Coast Junction, an eventuality which might not be altogether desirable!”⁶¹

In the period before the reconstitution the necessity for a sanitary inspector on the ground “at all times” in the area remained pressing.⁶² The problem was that as late as nearly 6 months after the court ruling, the Committees still had no legal status.⁶³ Then

⁵⁷ See PAR, NPA, PSF, LAM, 2/4/7680, Assistant Health Officer Union to Edwins, 3/12/1925 and PAR, NPA, PSF, LAM, 2/4/7680, Assistant Health Officer Union to Provincial Secretary, 9/12/1925

⁵⁸ PAR, NPA, PSF, LAM, 2/4/7680, Assistant Health Officer to Secretary of Public Health, 10/12/1925.

⁵⁹ The company had been experimenting with ways to reduce the impact of effluent but not apparently with any particular success. PAR, NPA, PSF, LAM, 2/4/7680, Assistant Health Officer to Secretary of Public Health, 10/12/1925.

⁶⁰ DAR, 3/SCJ, SCJLAHB Correspondence Files, Box 3502, Letter to President and Members of the Borough Boundaries Commission from J.Greene the Chairman of the SCJALAHB, 1931

⁶¹ PAR, NPA, PSF, LAM, 2/4/7680 Assistant Health Officer of Union to Principal Fisheries Officer, 1926. This leniency towards polluting industries and the insistence upon attracting and maintaining industrial capital’s presence in South Durban foreshadows the policy of the ruling class of South Africa today. For studies on the contemporary questions of environmental and social justice in South Durban see B.Freund ‘Brown and Green in Durban: the evolution of environmental policy in a post-apartheid city’ in *International Journal of Urban and Regional Research*, 25; 4,2001 and D.Wiley, C.Root and S.Peek ‘Contesting the Urban Industrial Environment in South Durban in a Period of Democratisation and Globalisation’ in Bill Freund and Vishnu Padayachee (eds.) *Durban Vortex-South African City in transition*. University of Natal Press, Pietermaritzburg, 2002.

⁶² PAR, NPA, PSF, LAM 8/7680, Secretary of SCJAPHC to Provincial Secretary, 16/04/1926

⁶³ PAR, NPA, PSF, LAM, 8/7680, Assistant Health Officer of Union to Provincial Secretary, 20/04/1926

there was a further snag. The promulgation of the Boards and the areas that they were to administer had to be proclaimed by public publication in the Provincial Gazette *and* in local newspapers. The latter only happened in March and April of 1927. A new sweeping ordinance validating all the actions and by-law measures of the bodies in the intervening period had to be promulgated in June.

This mess prompted an anonymous writer, styling himself *'public health,'* to write a series of letters to the local newspapers. He appears to have seen himself as representing the interests of better 'public health' in Durban's peri-urban areas. His letters illustrate how for some whites on Durban periphery; faith in 'public health' was founded upon a *racialised* desire for control. In the light of the refusal of Indians to pay rates (he chose to ignore whites who did the same), 'public health' wrote: "the Indians have adopted their usual attitude and have, wherever possible used obstructionist methods and with some success."⁶⁴

Just two days after the new Health Board at SCJ *technically* came into existence the Provincial Administration proposed that the 'Indian' section of Isipingo be amalgamated with SCJ into one larger 'health area' since Isipingo Beach had been declared a 'whites only' township. As part of the proposal the properties of African Explosives and Industries Limited, the Reunion Sugar Estates and the Isipingo Sugar Estates Ltd would be excluded from the new 'health area' in the process.⁶⁵ Crucially however, Dr. Park Ross was opposed to their exclusion from Health Board control "on public health grounds" because he feared "the creation of urban conditions outside the area of a proper local authority." The fear at the back of his mind was what he described as "the splitting up of these estates for settlement" and the emergence of "another Mayville..."⁶⁶ Because of his opposition only the first part of the proposal was given the

⁶⁴ *Natal Advertiser*, 9/06/1927

⁶⁵ DAR, SCJALAHB Correspondence Files, Box 3502, File 30-Amalgamation of Isipingo and South Coast Junction Areas, Provincial Secretary to Secretary SCJALAHB, 3/08/1926. The three companies concerned had come together to petition for their exclusion under the scheme arguing that they were "more or less self-contained" and would be able to 'look after' their workers without the assistance of a Health Board.

⁶⁶ DAR, SCJALAHB Correspondence Files, Box 3502, File 30-Amalgamation of Isipingo and South Coast Junction Areas; Assistant Health Officer Union to Provincial Secretary, 11/08/1926. Ross admitted that his objections to the exclusion of the property of African Explosives and Industries Ltd were less pronounced than with the other two companies because he argued "[it] maintains a model village..." looking after its own employees as well as exercising "meticulous control over its Natives..." He praised the way they ran their "sanitation and public health control." Ross had emphatically told the companies that he could not advocate their exclusion from the control of a local authority such as the Health Board until there was legislation which prevented them from selling their land for anything other than the purposes of carrying out the "proper business of sugar estates." He denied that there was an overlap of control "of any real meaning" – as the two estates had argued. In fact, Ross commented that "in such an area I would welcome inspection by the sanitary officials of the Health Board" He understood that the companies were frustrated because "the immigration people said a certain thing must be done, the sanitary inspector said the same, and then there was also the Native Affairs Department," but he noted that the NAD had only three inspectors for the whole of the coast area (both North and South) and these had recently been reduced to one, which meant that their inspection was – in his words – "practically nil." Ross felt that there was "no inspection worth a scrap from the sanitary point of view" going on at the two estates and the Indian Immigration Board was only "looking after the material interest of the Indian. There was no real supervision of housing." See DAR, SCJALAHB Correspondence Files, Box 3502, File 30-Amalgamation

go-ahead but the boundary change was nonetheless incorrectly executed and as we shall see, would come back to haunt the administrative bureaucracy in Pietermaritzburg and the health authorities in South Durban.

It is important to note that irrespective of the legality of the Board or the willingness of the ratepayers to buy into the ‘public health’ ideology out of which it had emerged the majority of the population of South Durban did not have the means to pay the rates in any case.⁶⁷ The Board invariably blamed the supposedly “thieving nature” of Indians instead of the crippling poverty that characterised much of the urban periphery at this time, not to mention its own failure to deliver services – something that P.S Aujar alluded to in the ‘*Natal Mercury*’ in 1927:

On the whole, the Indian community will cooperate in any reasonable endeavour that has for its object improvement in sanitary conditions, but they object, as they have objected in the past, to a continuance of the present conditions which have resulted in a very unsatisfactory state of affairs in addition to wastage of public money owing to a lack of coherent and intelligent policy on the part of the provincial authorities in matters appertaining to the advancement of public health.⁶⁸

The editorial of the same day criticised the tendency of the health boards to “get their own back” against rebellious ratepayers. But Indians, it stated: “are a community which by hereditary instinct regards all taxation as a form of extortion...” The editor openly admitted that it was the presence of Indians on the urban periphery that “more than anything else” had provoked the establishment of “these taxing machines...the Indians have to remember...that Western civilization has a rather high regard for sanitation and public health...” In conclusion he demanded that Indians ‘adapt’ to the “Western type of life and culture,” otherwise, [they] “might find it to their advantage to accept the terms provided under the Cape Town agreement. It is well that it should be made clear that the one is the alternative to the other.”

In response to the rating crisis the Natal Indian Congress (N.I.C) called for the revision of the health ordinance so that the boards could be “really useful institutions” and accused the Boards of “harassing poor people for taxes.” It insisted that “the Indian community is quite willing to conform themselves to modern sanitation and methods of living” which illustrated the strength of the civilisation rhetoric that underpinned the ‘public health’ ideology. At the same time however the N.I.C claimed that the boards had caused a “waste of public money and discontent in the Indians” and were “instruments of oppression and a contributory factor to and an indirect pressure on the Indians for Voluntary Repatriation...”⁶⁹

The relationship between the main targets of the Board’s functioning and its officials appears to have been marked by a paradoxical tension. The health inspectors

of Isipingo and South Coast Junction Areas, Transcript of interview between deputations from Isipingo and SCJLAHB with the executive committee on 3/09/1926.

⁶⁷ PAR, NPA, PSF, LAM, 9/6718, Natal Indian Congress to Provincial Secretary, 14/11/1927

⁶⁸ ‘Administration in the suburbs: An Indian Protest. Heavy Rates: But no services. A question of Interest’ *Natal Mercury*, 16/9/1927.

⁶⁹ PAR, NPA, PSF, LAM, 9/6718, Natal Indian Congress to Provincial Secretary, 14/11/1927.

were not necessarily viewed as entirely antagonistic presences imposing a system of control – there seems to have been a degree of tolerance of their work among ordinary Indians living in the area – depending of course, on the extent to which the behaviour of the officials bred hostility. This tension is captured in a letter sent to the Board’s Health Inspector in 1928 by R.N.R Pillay of Wentworth:

I beg to inform you that I am very sorry to see you troubling our poor Indians. Now you better see somebody done (sic) kill you. You know Indians are very clever in tricking so they will trick you and you will die like they did to the inspector of Isipingo who was transferred to SC Junction district and you know how Doctor Kirkness dies something has happened to him he was a very bad man for Indians he always used to trouble Indians therefore one Indian tricked him and see the painful death he had if you want to make sure just go and see Mrs Kirkness she will tell you so why not help Indians and leave opposing licenses and troubling peoples and see you be good with everybody and let everybody pray for your long life health, wealth and prosperity but now peoples are accusing you and trying to do you harm so take my advice and see that they pray for you and not curse you and see Mr Paige Inspector of Pinetown he was here for last 15 years and he used to go far as Isipingo but never use to trouble anybody and was good with everybody and see how peoples use to like him and even now peoples praying for him and Doctor Ross been here for last 25 years and see he was good with everybody and he used to like peoples very much and up to now people are still talking about him that he was a very good doctor.⁷⁰

However as new doubts had emerged about the Board’s legality in the light of the recent boundary change the willingness of the majority of the areas population to go along with the ‘administration of public health’ was severely undermined.⁷¹ Residents contravened building by-laws aware that the Board could not issue summons lest a new test case arise that challenged its legal existence.⁷² The case that would do just that was just around the corner and it couldn’t be avoided because it centred on the question of rates – the precious life-blood of the Board.

On Wednesday the 4th of December the Natal Supreme Court heard the case of the SCJALAHB versus Louis August Momple, a retired African entrepreneur from Clairwood who had been summoned for unpaid rates.⁷³ The faulty boundary change that had occurred in 1926 where the ‘Indian’ section of Isipingo was included in the SCJA lay at the heart of the case. The Board’s solicitors tried to play down the seriousness of the boundary change – the whole matter was nothing more than a ‘dispute’ over an essentially insignificant technicality. Momple’s solicitor contended that what had in fact happened was that an *existing* area was *divided* into two areas, and that, in the process the

⁷⁰ DAR, 3/SCJ, SCJALAHB Correspondence Files, Box 3501, R.N.N Pillay to SCJ Health Inspector, 8/12/1928

⁷¹ PAR, NPA, PSF, LAM, 1/7680, Box 806, Secretary South Coast Area Ratepayers (European) Association to Provincial Secretary, 22/07/1929 and PAR, NPA, PSF, LAM, 1/7680, Box 806, Secretary SCJALAHB to Provincial Secretary, 25/07/1929

⁷² DAR, 3/SCJ, SCJALAHB Correspondence Files, Box 3508, File No. 32, Clark and Clark to Secretary of SCJALAHB.

⁷³ The board chose to sue Momple because he had been a thorn in the side of the health officials of South Durban for some time-he had run a private beer hall in the area and resisted attempts by the committee to close it down.

Board of the SCJA was dissolved and a new Board should have been elected. This had not occurred and the presiding judge ruled against the Board.⁷⁴

The next day an article in the *'Natal Mercury'* recounted what it called the 'Health Board bombshell,' the 'South Coast tangle', and noted that the Board had had an "illegal existence for a year."⁷⁵ The article ended with an informant at the Natal Provincial Administration assuring: "the decision of the Supreme Court does not affect the other Health Boards...this is simply one of the pin-pricks which have been pursuing the Health Boards"⁷⁶ Only it wasn't – it seriously undermined the ability of the SCJALAHB to ensure any sort of control.⁷⁷

The attempts at enhanced control were not helped by the fact that at no stage during their functioning did either the SCJAPHC or the SCJALAHB establish an efficient working system for rate collection.⁷⁸ Just two employees were responsible for the inspection of the whole area in addition to the allocation of rate assessments, which meant that they were rarely able to inspect all the properties in its area by the deadlines set in Pietermaritzburg.⁷⁹ No machinery existed through which the Board could trace either the properties in its area or the owners – buildings were often assessed that were later found to be "non-existent" – what had happened was the surreptitious removal, before rates had to be paid, of the buildings that had originally been assessed. This was one of the most effective tools used by both the Indian and the African population of the area. Thus the prevalence of 'movable property' in SCJ was a source of considerable frustration to the Health Board and was a primary motivating factor behind their push for more 'permanent structures'. The Board eventually had to resort to collecting rates without the prospect of falling back on legal proceedings (which they could scarcely afford) because it proved completely ineffective in an area where the large majority of the outstanding rates were due by "the poorer type of Indian" who had no 'realizable assets.'⁸⁰

It is important to gain a sense of what the rate impasse meant for conditions in the area. This is especially important since the Board's illegitimacy may well have meant that aspects of its work that were *positive* in their effects were obstructed. The majority of the 'white' homes in the area were supplied with water by the Durban Corporation while the majority of Indians (i.e. most of the area's population) could not afford to pay for the service and depended on the use of rainwater tanks and shallow wells, as well as the streams in the area.⁸¹ The board's officials often explained the persistence of 'insanitary

⁷⁴ PAR, RSC, 1/5/384, I146/1929

⁷⁵ 'Health Board Bombshell' *Natal Mercury* 5/12/1929

⁷⁶ 'Health Board bombshell' *Natal Mercury* 5/12/1929

⁷⁷ PAR, NPA, PSF, LAM, 4/41/7680, Minute of Provincial Secretary to Executive Council, December 1929

⁷⁸ See PAR, NPA, PSF, LAM, 2/7680, SCJLAHB Financial Files

⁷⁹ PAR, NPA, PSF, LAM, 2/7680, SCJLAHB Financial Files, J.C Lark to Provincial Secretary, 24/10/1933.

⁸⁰ See PAR, NPA, PSF, LAM, 2/7680, SCJLAHB Financial Files

⁸¹ A group of twenty-four Indian residents, all landowners at Sirdar Road, Clairwood came together in 1929 to pay for the installation of a 2-inch water main by the Durban water engineer – an example of initiative

conditions' by accusing Indians and Africans of being "ignorant of the precautions necessary in septic disposal."⁸² But despite the racism shared by some of the boards' officials they recognised that improved housing conditions were crucial to improved health.⁸³ The Board's 'legal difficulties' and the financial restrictions that resulted from the rate boycott ironically meant that this did not often translate into concrete improvements.

In September of 1930 Dr. Cluver of the Public Health Department in Pretoria had paid a visit to South Durban. The report he submitted confirmed that the effects of 'public health administration' in the area during the last five years had been virtually negligible. This 'administered neglect' was at least partly a result of the continued doubt about the Board's legality that the recent boundary alteration had brought to light but also owed a great deal to the racism that had infused the 'public health' ideology from the start.⁸⁴ The Board claimed that it tried to improve housing conditions amongst the Indian and African population of the area, citing its demolition of "the worst dwellings," but in truth this hardly solved the problem as new 'insanitary dwellings' invariably sprung up in their place. In isolated cases, where the owners could afford it, such buildings had been demolished and replaced by what Cluver termed 'satisfactory brick buildings.' The Board was happy to demolish buildings in the name of 'public health' but would have had nothing to do with the later process of reconstruction and often did its best to prevent it.

Cluver made a number of recommendations about how to improve the quality of housing in the area but very few came into being as the Board was largely *incapable* of bringing about real improvements while few of the people who most needed these changes had the means to bring them about for themselves.⁸⁵ Eventually the sanitation problem in the area deteriorated to such an extent that the Board tried to implement a compulsory sanitary removal scheme. It petitioned the Provincial Administration to draft a clause for amendment to the Sanitation ordinance that would involve a measure "to compel owners and occupiers of premises to accept their sanitary removal services and pay the necessary charges."⁸⁶ The issue was conceived in terms of the need to *force* the areas Indian population to submit to the scheme.⁸⁷ Significantly, the Board's determination to ensure greater control and improve conditions in the area was thwarted by the anticipation that there would be "considerable trouble" if it tried to force Indians to accept the system. After this failure the Board enthusiastically embraced the idea of belatedly applying the 1923 (Natives) Urban Areas Act in its area – a case of 'public

and a pooling of resources in the absence of the Board providing the services itself. See DAR, 3/SCJ, SCJALAHB Annual Health Report for year ending 30/06/1929

⁸² DAR, 3/SCJ, SCJALAHB Annual Health Report for year ending 30/06/1929

⁸³ DAR, 3/SCJ, SCJALAHB Annual Health Report for year ending 30/06/1929.

⁸⁴ See PAR, NPA, PSF, LAM, 1/7680, Box 806, Clark and Clark to Edwins, 22/12/1928 and Clark and Clark to Secretary SCJALAHB, 08/01/1929

⁸⁵ PAR, NPA, PSF, LAM, Box 808, Health Report of Dr. Cluver, September 1930.

⁸⁶ PAR, NPA, PSF, LAM, Box 808, Memorandum to Executive Committee of Provincial Council Re: South Coast Junction sanitary removal scheme.

⁸⁷ PAR, NPA, PSF, LAM, Box 808, Acting Secretary SCJALAHB to Secretary for Public Health, 26/03/1931.

health' ideology, segregationist desires and conservative landowner interests converging to provoke a dramatic turnaround in the Board's attitude to the act.⁸⁸

Incorporation

At the close of the 1920's there was a new sense of urgency on the part of the City Council to secure the incorporation of the peri-Durban areas.⁸⁹ The Board's opposition to incorporation was given succour by the opposition of its 'shadow' body, the South Coast Junction Indian Health Advisory Committee.⁹⁰ As we have seen, this was not the first time that such men had chosen to align themselves with the Health Board of SCJ and claimed to be speaking for the wider 'Indian community' in the area.

The Durban Borough Boundaries Commission report that recommended incorporation is a highly revealing document that reads like a blueprint for the development of industries in South Durban that occurred after incorporation and which continues today.⁹¹ The promise of South Durban in terms of industrial development underlies the entire report. 'Public health' concerns also figured strongly, at least on the surface, in the Commission's considerations with an insistence that the "divided health control" which characterised Durban's periphery represented a threat to the "public health of the whole community."⁹²

⁸⁸ DAR, 3/SCJ, SCJALAHB Minute Books, Box 3499, 28/04/1932 Meeting. The Board had originally regarded the Act as a direct threat to landowner interests in South Durban. For a study of similar issues in the context of Johannesburg at roughly the same time see Susan Parnell 'Sanitation, Segregation and the Natives (Urban Areas) Act: African Exclusion from Johannesburg Malay Location, 1897-1925 in *Journal of Historical Geography*, 17; 3, 1991.

⁸⁹ DAR, TCF, 4/1/2/1253, File 507 B, Special Committee of Durban City Council re: Extension of the Borough Boundaries 13/01/1930. In January of 1930 the Borough engineer gave estimates about the costs of providing sewage for what would become known as the 'added areas' over the next 50 years. He estimated that it would cost £1, 500, 000 in total of which the 'Industrial Area, South Coast' would have by far the greatest expenditure at £440, 000. This was an indicator of two things – the state of South Durban's sanitation, and second, of the anticipated future growth of industries in the area.

⁹⁰ DAR, 3/SCJ, SCJALAHB Correspondence Files, Box 3502, Statement submitted by South Coast Junction Public Health Area Indian Advisory Committee to the President and Members of the Borough Boundaries Commission. Signed by M.A. Karim and H.S. Done. The South Coast Junction Indian Advisory Committee was formerly known as the South Coast Junction Indian Health Committee. The body had been given the advisory title by the Health Board against the background of the resistance of Indians in the area to paying rates.

⁹¹ Included with the report was a copy of a speech titled 'Preparing for Industrial Expansion' delivered by R.W Watson at a conference of local engineers in Pietermaritzburg in July 1929; a wide ranging look at planning and industrial development. It warns against the "evil conditions" wrought by industrialisation if it is allowed to happen in an uncontrolled manner. See DAR, TCF, Durban Borough Extension Commission Enquiry Commission 'Preparing for Industrial Expansion' a paper read by R.W Watson at Conference of Municipal and County Engineers held at Pietermaritzburg; July 1929. Incorporation was seen as one of the ways to avoid this.

⁹² DAR, TCF, Durban Borough Extension Commission Enquiry Commission

The Commission concluded that the local health authorities had been a failure and South Coast Junction was singled out as an exemplification of this. The failed local 'public health' control that the SCJAPHC and its successor the SCJALAHB had represented were soon to be consigned to the past. The Natal Chamber of Industries had been behind the incorporation proposal from the start.⁹³ On the 1st of August 1932 the South Coast Junction Area was incorporated, together with the other 'added areas' into the Durban borough boundaries.

Conclusion

In a retrospective enquiry in 1937 the Durban City Council reported that "substantial improvements" had occurred in South Durban with regard to the disposal of nuisance creating trade effluents.⁹⁴ These improvements were a false dawn however. The few changes that occurred in the area were a reflection of the prioritisation of the area for industrial development. The improvements in 'public health' that had been flagged in the Borough Boundaries Commission Report as being an important reason why incorporation was necessary had not occurred.⁹⁵ When these 'improvements' did occur they would be very double edged in nature as 'insanitary' conditions were replaced with the more insidious health hazards associated with the positioning of heavily polluting industries alongside communities. 'Public health' was a secondary ideological justification for the extension of the borough boundaries – but it was an essential one nonetheless.

In 1939 major slum clearances began.⁹⁶ As had been the case prior to incorporation the administration of 'public health' continued to be heavily skewed along racial lines.⁹⁷ The bitter irony of South Durban's historical trajectory is that the failure of the control that various interest groups sought from the close of the nineteenth century only served to provide those that favoured incorporation of the area to meet the interests of industrial capitalists with a further opportunity to 'play at public health.'

⁹³ D.Scott 'Communal Space Construction: The rise and fall of Clairwood and District' PhD. thesis, University of Natal, Durban, 1994, 66.

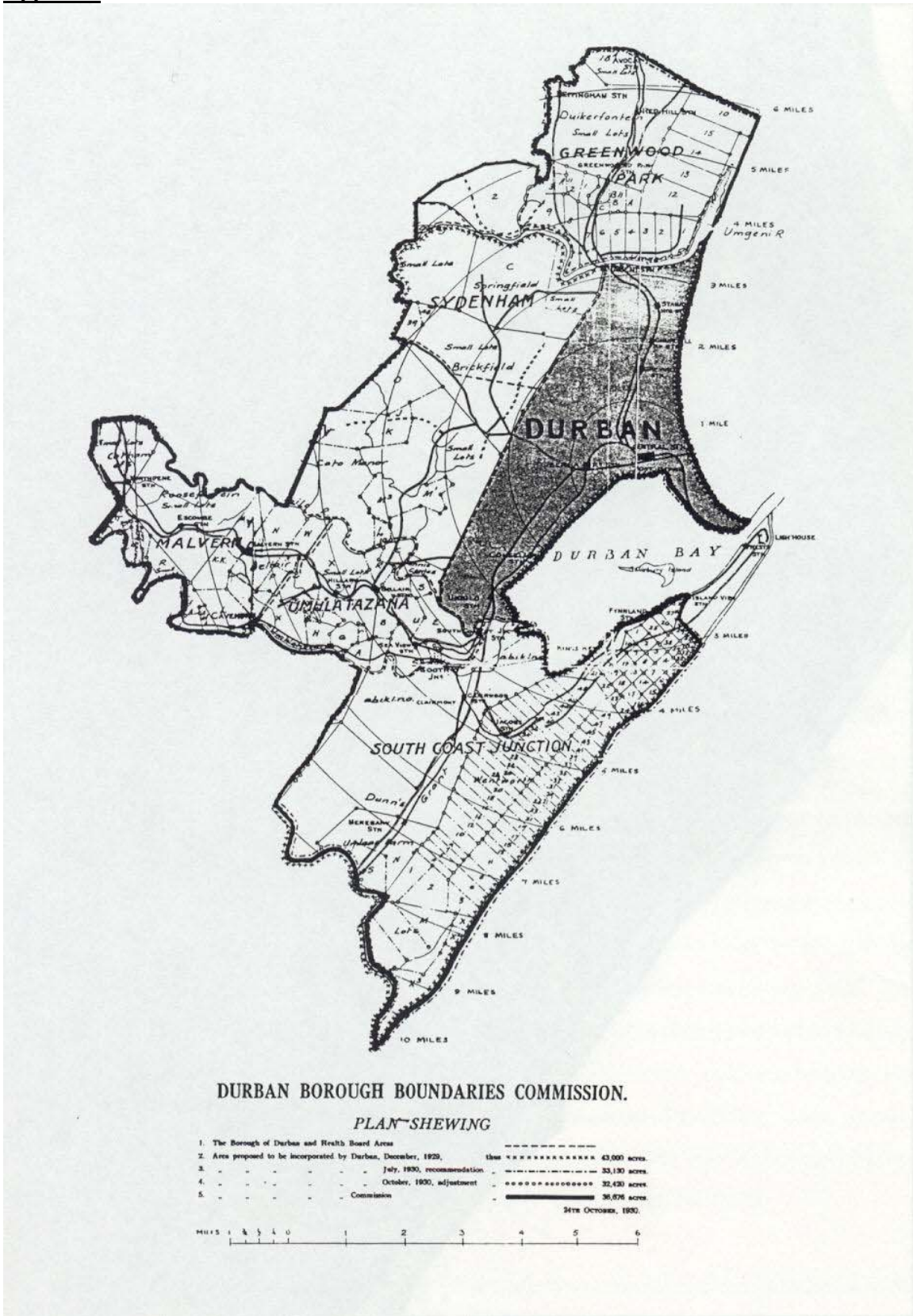
⁹⁴ DAR, TCF, 14/6/1-14/7, Durban Borough Extension Enquiry Commission Preliminary Statement

⁹⁵ See D. Bagandeen 'The Question of 'Indian Penetration' in the Durban Area and Indian Politics: 1940-1946.' University Of Natal, 1983, PhD thesis, 24 and Memoir of Bulbhadur Juggernath, Pp 73.

⁹⁶ Dianne Scott 'Communal Space Construction: The Rise and Fall of Clairwood and District' PhD thesis, University of Natal, Durban, 107. They occurred under the provisions of the Slums Act of 1934.

⁹⁷ DAR, TCF, 4/1/3/2149, Slum Clearance South Coast Junction Area, City Medical Officer of Health to Town Clerk, 22/04/1939. 217 premises were targeted for 'slum' clearance. 12 were owned by 'Europeans', 660 'Asiatics', 180 'Natives' and 39 'coloureds.' Memoir of Bulbhadur Juggernath Pp 74-76.

Appendix



Map of Durban showing the 'Added Areas' incorporated into Durban in 1932