

THE "IGNORANCE OF MOTHERS" AND THE HEALTH OF CHILDREN IN TWENTIETH-CENTURY PONDOLAND

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In the 1890s, when Sigcau, the Paramount Chief of Eastern Pondoland, first expressed the desire for a medical mission, he named tuberculosis and leprosy, but not malnutrition, as the afflictions to be eradicated from his land. Four decades later, perceptions of the most grievous health problems there had changed. While tuberculosis remained the chief scourge of Pondo households, leprosy was waning, and malnutrition was replacing syphilis as the second major perceived cause of sickness. By the early 1960s, awareness of malnutrition had grown to such an extent that doctors in the medical mission carefully distinguished between the kinds of health problems to which an inadequate and improper supply of food had given rise. The ascendancy of malnutrition as an acknowledged scourge of Pondo health begs the question, however, as to whether people's diets were in fact becoming impoverished, or whether malnutrition as an explanatory concept was becoming fashionable as a way of explaining health problems that had been present at roughly the same level throughout Pondo history, that is, even before the Paramount Chief first invited medical missionaries to minister to the health of his people.

The search for an answer to this question and its corollaries - if so, how and why - is plagued by problems of definition and measurement. Since at least the early 1960s, an ascending curve of height/weight measurements has conventionally defined the growth of a well-nourished child. Not only do these figures exist for recent decades alone, but the concept of optimal food supply, on which the ideal growth curve is based, is not necessarily an appropriate indicator of health in a peasant society where fewer cows calve in winter, stored grain runs low before harvest, and so seasonal hunger and even weight loss are to be expected. Further, the concept that children need to gain weight as they grow may not have been central to Pondo thought on child development; and local people explain ill health by a combination of natural and supernatural factors which do not always reveal an explicit connection between diet and health. Adult malnutrition is similarly difficult to measure, and sometimes even to perceive, since it may mainly have predisposed a person to become infected with some other disease such as measles, tuberculosis, influenza. Because of these definitional problems and statistical lacunae, the search for nutritional fitness - defined here as "capacity to change through interaction with the environment" [1] - will, for the purposes of this paper, be determined by evidence revealing the changing nature of Pondoland food production and supply. How was this intimate detail of family life, the food that its members consumed, being affected by the constraints which the wider world was imposing on Pondoland during the fifty-year period (1920-70) for which sketchy medical data exists?

The following refrain runs through records of the medical mission which was established in 1920 in Eastern Pondoland: Pondo mothers were too ignorant of nutrition to feed their children properly. This judgement joined others in the canon of colonial orthodoxy: that Pondo tilling and grazing practices were eroding the soil - though the damage was later admitted not to be severe; that syphilis was rampant - similarly, it was not. I want to subject this alleged ignorance to the scrutiny that colonial orthodoxies require by looking at the choices made by mothers as they were trying to feed their families. Those choices were not only subject to systemic constraints; they were also influenced by beliefs about the causes, natural and supernatural, of ill-health. Preparatory to a larger project on the history of diet and nutrition in southern Africa which will include urban, peri-urban and rural case studies, this paper is a preliminary investigation of the consequences of those choices for the health of Pondo families.

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Stretching from the Mzimvubu River in the west to the Mtamvuna River in the east and from the Indian Ocean inland about one hundred miles, Eastern Pondoland comprises territory the size of Wales. Around the middle of the nineteenth century, Natal colonists and adventurers coveted its lush pastures - "having the varieties of sweet and sower grass in abundance" [2] - and fertile soils. In about 1844, Henry Fynn, one such adventurer, argued without success that Britain should annex and settle this land, recently reoccupied by Chief Faku and his followers after their retreat from Shaka in 1828. Fynn reported that Faku's people grew Indian and guinea corn (*zea mays*, *sorghum caffrorum* or *dochna*), pumpkins, melons, varieties of beans and sugar cane in soil so rich and well watered that it could be, but was not, irrigated throughout the year. The Pondo told Fynn that droughts had been rare during their previous residence there at the beginning of the nineteenth century. No clearing was necessary as the land was largely treeless, though at least one large forest - Goso, about eighty miles in circumference - contained timber superior to any in the Cape Colony. The only diseases that Fynn encountered among the Amapondo, he swore, were "dysentery and low fever" due to "want of care and cloathing".

Both Fynn and the Pondo were, for various reasons, idealizing the past of a land where survival was in fact occasionally precarious and people had to accept that their food supply would vary not just seasonally but from year to year. Sorghum was then the staple crop but the size of a harvest depended on how wet the growing season was - sorghum was more susceptible than maize to damp - and on how many children were available to scare birds away from its exposed and beaded heads. The quantity of milk locally available fluctuated with the size of herds, then being rebuilt after the losses of the 1820s and subject always to bovine epidemics which could wipe them out as completely as Shaka's raids had done. Meat was only an occasional treat, consumed after a beast died or after a hunt. Girls and women, in particular, supplemented their diets with wild fruits and spinaches that they had gathered in the forests and fields.

The labour force producing these foods had had to be as flexible as people's appetites. After 1828 when the *mfecane* stripped them of their herds, the Pondo had spent one year foraging and then readily changed their former diet of milk, meat and grain to one of grain alone. Men, lacking cattle to herd, had increasingly entered the fields to work alongside women. Communal work-parties tilled the soil, having been drawn from the unprecedentedly dense settlements where people had sought safety in numbers. When the violence ended and people began to reacquire cattle, they dispersed into their more accustomed settlements (*imizi*) of up to a hundred people.

The key to a well-fed homestead lay in the number of women living in it. Each cluster of agnatically related households, called an *umzi*, followed the leadership of one patriarch and was occupied by his sons, their wives and his single daughters. They lived in huts surrounding a kraal where their beasts - cattle, goats and, later, sheep - were enclosed at night. During the day the cattle grazed nearby, herded by the boys and young men of the *umzi*, while the women cultivated small scattered fields near their hilltop homes. Although only wealthy and powerful men married many wives, it was not uncommon for a man to have two, and even ordinary homesteads contained an agricultural work-force comprising all the sons' wives, who would work together through each other's fields.

The *umzi* began to shrink around the time of Pondoland's annexation by the Cape Colony in 1894. The reasons were various; most of them facilitated the shrinking of the *umzi* more than they had forced it to occur. First, wages available to young men on the Rand - where over 10,000 went in 1910 and double that number in 1920 - as well as in the nearer Natal sugar fields allowed them to pay their own bridewealth, marry, and in short to set up their own *imizi* independent of paternal control. [3] The plough further facilitated the shrinking of the *umzi* by allowing a larger field to be broken by a smaller labor force; although a number of women still had to gather to weed and harvest, the rich could afford to draw such a crowd by offering beer parties as a reward. And, after Christian missions began requiring their converts to forsake all but one wife, the size of certain progressive Pondo families shrank still further.

Seasonal labour recruitment figures reflect the diminution of the *umzi*'s resident labour force: between 1901 and 1909, men did not leave their homes for the mines during any particular season, indicating that enough men still remained at home to plough and herd for the young men who had left; by 1958 seasonal recruitment was the rule, reflecting a household labour shortage that was obliging young men to stay home and help with the ploughing.

In order to understand changes in the quantity and quality of food produced in Pondo homesteads, it is vitally important to recognize the changing size and shape of these *imizi* and especially how these changes were reflected in the labour required of women. As important as male labour was, especially after the ox-drawn plough drew them once again into the fields, familial well-being depended on how many women worked in the fields and what they did with their harvest. Men's wages were used to buy commodities and cattle rather than household subsistence, except during periods of crisis.

Food shortage throughout Pondo history has been usually a conjunctural phenomenon, the result of different kinds of bad luck intersecting. An epidemic of influenza coinciding with a summer of low rainfall and then followed by a hailstorm could reduce people to hunger just as remorselessly as a consistently parching drought. A succession of years with only fair crops would make people unusually vulnerable to a visitation of pests such as grub worms or locusts. Popular strategies for surviving these assaults included searching the forests for the roots of wild tubers [4] and switching their diet from the preferred mixture of grain porridge and sour milk to one of grain alone. People had every reason to fear that theft would increase during such periods. Strategies for surviving food shortages had to be even more diverse than the factors causing them.

While the innovations of the twentieth century - more rapid transport, wage labour and shops, commercial agriculture - eventually narrowed the range of strategies available to people struggling to survive natural disasters, making the cash nexus all important, they also brought the end of famine. No one with access to a wage need ever starve again. In Eastern Pondoland the last time that people suffered in this way was in 1912. In that year, East Coast Fever and drought coincided. The previous year's harvest had been at best fair, so storage pits held only scatterings of maize. Because oxen were dying or were restricted from moving between districts for fear that they would spread the Fever, supplies of grain from ports or other less drought-stricken areas in southern Africa were prevented from reaching the hungry people of Eastern Pondoland. The transport system linking that "broken" or dramatically hilly country to the world of relative plenty simply failed: the pasturage was too poor to feed salted oxen and, as soon as the rains began, they would be diverted to ploughing; blocked by a sandbar or ending abruptly in cliffs, the Pondoland coast provided no natural harbour; the railways skirted the reserves. Signing up for mine labour or selling the skins of their dead beasts had given people the means to purchase food but the shelves in the shops were either bare or the few leavings were priced inordinately high. And so, as one magistrate grimly observed, in these circumstances, "even Croesus may starve". [5]

As magistrates engaged in anxious debates with one another on how to avert what one called a "holocaust", they revealed a lack of consensus about what the government's role should be. Should it import a shipload of American mealies and charter shallow draft vessels to land them? They might be cheaper than those available in southern Natal, for example, where farmers were in any case refusing to send their surplus grain until the going price increased. Should labour recruiters be encouraged to raise their advances temporarily to £3 or even £10 so that the Natal bottleneck could be broken? Should the Native Affairs Department accept the offer of the Chamber of Mines to supply mealies to the Transkeian Territories at cost? The answer was no; the Union Cabinet did not approve of such efforts to thwart possibly profiteering trader-recruiters. Eastern Cape and Orange Free State farmers suffering from a labour shortage peppered the magistrates with suggestions that the hungry be directed south and west to their farms; most magistrates replied tersely that their men preferred mine wages. Mingled with these official sentiments, that government should guarantee some minimal degree of public welfare, were other official voices blaming Africans for profligacy.

Beer drinks in particular provoked the judgement that the Pondo had wasted their grain: "I trust that they will learn a lesson from the hardships of this year and in future waste less grain in Kafir beer but instead store or sell it after storing sufficient for their needs." [6] And when Paramount Chief Marelane sent his astute and urbane secretary, E Tshongwana, to Umtata to ask permission to send their wagons across the Mtamvuna River to fetch cheaper mealies than were locally available, he was rebuffed. When Tshongwana also requested that government obtain new supplies from the Argentine in order to drive the local traders' prices down, he was told that government "thought it wisest to confine its assistance to helping in the transport question" and send mule wagons to the nearest depots. [7] In 1912, relief efforts were inhibited in part by governmental indecision about the extent of its responsibility for the health and survival of the governed.

With the advent of motorised transport, hunger would never again threaten to become famine. The 1912 famine proved to be the last act in the old drama of unmitigated vulnerability to the vagaries of climate. Food crises did recur every seven or eight years, but always with the prospect of wages earned at the mines, sugar cane fields or, at worst, the farms serving to keep hunger at bay. The nature of the periods of hunger to be discussed in the sections that follow were quite different from this indiscriminating blanket of famine: after 1912 cases of malnutrition could still be observed seasonally but their incidence was increasingly linked to the size of households and of their herds.

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In 1920, a decade after Chief Sigcau's son and successor, Marelane, repeated to the Bishop of Glasgow his father's request for a hospital, an Anglican missionary named Frank Drewe arrived on a "tongue of land jutting out between the hills", formerly occupied by a "witchdoctor", to found Holy Cross Hospital, the first and for nearly four decades the only hospital in Eastern Pondoland. [8] Dr Drewe and a nurse presented themselves to Marelane as a "gift from the English people to the Pondo race" who had come to treat the "scourge of the country", tuberculosis, and to serve the leper colony at the mouth of the Mkambati River. [9] Drewe was initially shocked by the "terrible immorality" which had led to apparently rampant syphilis until he determined several years later that the rate had been highly exaggerated. [10] Infant mortality was a blight which did not go away. Half the infants born in Pondoland died, he believed, because of maternal neglect: "pneumonia and broncho-pneumonia or mother's consumption kills off child after child." [11] Neither the word nor evidence of malnutrition entered the reflections of medical staff at Holy Cross during the 1920s.

Having expected "dry, red, dusty sandunes", Drewe was pleasantly surprised by the green rolling landscape before him. Soft, soaking rains falling mainly between October and March appeared to keep the area well supplied with grain and free from erosion; over the next quarter century Drewe would see the country visited only two or three times by "acute distress" and once by "real starvation". [12] Far more problematic and frequent than drought were rains so plentiful that they fed a profusion of weeds, choking the maize and sorghum and making the paths so slippery that horses and oxen fell in the mud. Then Holy Cross seemed more remote and inaccessible than usual: the journey of sick patients, whether on an ox-drawn sledge or a child on its mother's back, was prolonged; and the six days it normally took to travel to Durban, the nearest city, were multiplied.

Eastern Pondoland's remoteness and the poor state of its roads in any season, wet or dry, help to explain why its formal commercial activities were locally focused rather than geared to exporting produce to the rest of the Transkeian Territories or elsewhere in southern Africa. It was generally, even up to the 1950s, able to feed itself. As far back as agricultural statistics go, that is, from about 1895, farmers in Eastern Pondoland exchanged their produce - grain, tobacco, wool - with local traders for either cash or goods. Traders bought maize, stored it, and either sold it back to local people or, less commonly, to other areas within but not outside the Transkei. Farmers held back their grain, preferring to keep it in their storage pits at home,

if they deemed the price offered for it to be too low. The grain was almost exclusively maize. At least by 1918 the quantity of maize produced by Pondoland farmers had far outstripped sorghum which was grown mainly for brewing beer at home. In addition, people grew tobacco for trading locally, that is, until 1929 when the bottom fell out of the tobacco market. Wool earned some cash [13], though cattle earned more; especially when harvests fell short of needs, cattle tended to be sold to Europeans at auctions rather than to the itinerant dealers so common elsewhere in southern Africa.

In the 1920s and 1930s a few farmers hovered on the brink of commercial production. Embracing agricultural innovations that they had often encountered at mission schools, they, and especially their wives, experimented enthusiastically with growing entirely new types of crops such as peaches, bananas and citrus or potatoes and cabbages in the newly fenced gardens beside their homes. The popularity of produce competitions, including ones for maize, grew to such a pitch that one surly administration official was moved to warn: "Do get away from this habit of not doing anything unless you get a prize for it." [14] His warning was as unnecessary as it was ill tempered. Even without the lure of prizes, some farmers proved increasingly eager, especially in the 1930s, to fence their gardens and lands, buy grain storage tanks, create a co-operative banking system and join farmers' associations for the communal purchase of seed, fertilizer and tools. Even though their families may have been smaller than those of their pagan ancestors, they could augment their household labour force by paying their poorer neighbours in kind. [15]

Not all prosperous farmers were such modernizers, likely to be Christian and therefore monogamous. [16] Some polygamous men retained sizeable herds as well as large households. Their wives, daughters-in-law and perhaps sisters cultivated several allotments, producing enough grain for festive beer parties in the winter and as rewards for those who had swollen their labour force even further. The calabashes on the men's side of the hut were likely to be filled with sour milk, and, like its Christian counterpart, the rich pagan *umzi* would dine on meat, usually pork or chicken, several times a week. While still likely to feel hunger in lean seasons or years, the family of "Croesus", whether Christian or pagan, was unlikely to visit Holy Cross complaining that its children were thin and weak.

The people most likely to have their health endangered by periods of food shortage were elderly and young members of small households possessing few stock; the lonely figure of the rejected or bereaved wife was also commonly among those made destitute by a conjuncture of natural and social disasters. All of these weak and poor people ate meat and sour milk less frequently than did members of rich families. They expected to experience hunger at the end of the calendar year and planted some crops early to tide them over that lean time before the bulk of the new harvest was reaped. At other times, they hoed, weeded, cut thatching grass, made bricks, and even laundered for the better-off in exchange for maize, meat, beer or milk, rather than cash. With the exception of times when they needed to purchase grain from trading stores based in the magisterial towns, the amount of cash in a household had little appreciable effect on the nutrition of its members. However tempting they might be, sugar, salt and tea or coffee strengthened no one's immunity to bronchopneumonia and influenza in winter, or enteritis, said to be prevalent in summer. Poorly nourished adults were particularly susceptible to these infections. Tuberculosis, still unchallenged as the major scourge of Pondoland, similarly found a host most readily in the body of a malnourished person. There was, however, no dietary defence against particularly virulent cases of tuberculosis; Dr. Drewe found that men who had worked for several contracts on the Rand mines were most likely to contract the disease, and then to spread it throughout their households. [17]

During the late 1930s officials in the mining industry, especially those responsible for labour recruitment, became so worried about the health of future generations of African labourers that they launched enquiries into the health problems which could possibly inhibit their labour supply and block the projected expansion of the mining industry. They explicitly feared that the Transkei would fail to "share" in their anticipated need for 33 1/3 per cent

more labour because of its high incidence of tuberculosis. [18] The drought and depression of the entire decade had contributed to the weakening of the population. People had little cash available because their wool, skin and hides obtained "excessively low" prices; the Mealie Quota Act of 1931 had lowered grain prices so that people were discouraged from selling their surplus, and so, when cattle were seized for unpaid taxes, only a few owners could afford to buy their release. [19]

One focus of industrial planners' concern was the health of schoolchildren. The biggest percentage of tuberculosis cases came from poor schools "where children are in rags and underfed". [20] Responding to this industrial alarm, the Transkei government launched investigations during both the lean and the fat seasons into what schoolchildren had eaten for breakfast. [21] Nearly all children ate maize in one form or another, but during the preceding day over half of them had eaten their porridge alone, without the benefit of milk. [22] Even to have consumed some milk was not necessarily to have derived much benefit from it. A family with few cows would have to water down *amasi*, the sour milk food which had been a staple of Pondo diet. The nutritive value of the dish was, in short, highly variable, depending on the supply of milk available to a family. As in the case of adults, poor children suffered more from calcium than from protein or vitamin deficiency; rickets was more common than scurvy, which occurred largely in winter when wild fruits were no longer available. Occasionally, the children in Lusikisiki who were privileged to attend school - only 10 per cent did in the mid-thirties [23] - were unlucky enough to board at schools sending them home with vitamin B1 deficiency or pellagra; however, because most of the small number of students in the district went to school locally, the incidence of pellagra was low.

Children who spent their days herding sheep and goats ate more nutritious meals than those obliged to spend their hours immobile at schools providing them with little or no food. From about the age of six, boys, and even their sisters, combined their herding with hunting for such delicacies of wild food as mice and birds, which they would roast over fires. In addition, girls would collect wild spinach to mix with maize porridge or pumpkin. Upon their return home, if one of the cows herded by the older boys had calved, they could dip a calabash into the communal pot of *amasi*, but they had already consumed their protein in the veld. Children would also milk their goats while herding; believing that a kid that sucked too much would die, they clearly enjoyed their access to this milk, so plentiful and so little valued by adults that they did not have to ask permission to drink it. [24]

Shifting our focus to infant health, we must compensate for the distorting lens of early twentieth-century attitudes to child-rearing. The missionary endeavour aimed to intercede in and transform the most intimate relations of life, including those between mother and infant. The attempt to create Christians translated *inter alia* into efforts to make Pondo women rear their infants in the European manner. In the early years of Holy Cross this drive focussed on standards of African hygiene, especially on the unclean milk and water leading to hospital admissions for diarrhoea and vomiting and gastro-enteritis. An African medical doctor, Dr M R Mahlangeni, explicitly tied the 60 per cent infant mortality rate that he had calculated in his Mount Frere practice to maternal neglect, implying that this neglect occurred most grievously in matters of hygiene. Based on a careful twelve-month survey, he reported that the most prevalent cause of infant death was enteritis because mothers were "very backward in the way they handle the children". [25] In the 1930s observers in Pondoland commonly blamed maternal ignorance, while people living in less cattle-rich areas of the Transkei tended to articulate the causes of their ill health in terms of poverty. [26] The relative prosperity of Pondoland was staving off aspects of impoverishment which were becoming clearly visible elsewhere in the Transkeian Territories.

The missionaries also affronted African mothers by trying to make them schedule their infants' feedings rather than feeding on demand and by prohibiting from an infant's diet any food but mother's milk for the first six months of life. Pondo mothers, resisting these cultural strictures which were parading as scientific truth, caused missionaries to exclaim in exasperation that Amaondo did not understand the importance of milk. A real battle of wills

ensued within the walls of Holy Cross as women told doctors that they wanted to take their sick babies home because in hospital they were being allowed to cry. Doctors and nurses watched mothers carefully to ensure that they did not feed their infants from their own plates.

Probably a more sympathetic observer than most, even Dr Drewe believed that the feeding of infants was "wrongly done". To the Native Economic Commission he reported that a mother left her infant in the care of older children after the first month or so in order to return to the fields. While she was hoeing or harvesting, the child would hold the infant on her or even his lap and scoop handfuls of thick *amasi* into its mouth. Given the impurity of the milk, this method undoubtedly caused enteritis though mothers were prone to blame infant sickness and death on their own "bad" or unsuitable breast milk which the infant would consume upon their return from the fields. The root of the problem, Drewe believed, was the practice of "feeding the children too young". After ten years of preaching the need to introduce solid food only after six months, he felt that he had made little progress. There would be no harm in sending a pamphlet to headmen, telling them to instruct women to change their habits, but he doubted that such a pamphlet would be well received. This bizarre strategy was apparently never adopted but Drewe's exhortations were echoed by many eminent African men, such as Dr Mahlangeni and, in 1944, even by the Paramount Chief and headmen.

To a certain extent, women concurred with the judgements that they were in some way to blame for infant sickness and death. A woman might agree with a "witchdoctor" accusing her of bewitching her own child: her milk may have been polluted or she may have been suffering from the consequences of some act of immorality or witchcraft from which she had not been properly purified. As Drewe observed, "the mother is left with the child, she watches it die firmly believing that she herself is killing it and can do nothing to arrest the tragedy". [27] People might believe that a thin and sick child or one with a bloated belly had black matter in its stomach (*iplate*) and should be washed and given an enema as a remedy; the evil entering the child at night had been sent by a jealous person rather than or in addition to lack of milk.

Milk signified social boundaries in southern Nguni society. No one who was ritually impure could, in principle, drink it: visitors who were non-relatives had to drink it from special utensils, a new mother had to avoid it for ten days, a bride could drink it in her husband's home only after completing her ritual incorporation into that home and severing her ties to her father's *umzi*, and, after a death, milk was spilled from all calabashes except, interestingly, those of the children. It is not surprising that such a potent signifier of social boundaries could also carry potentially malign force.

And yet, belief in supernatural causation was not necessarily an invitation to disaster precisely because those beliefs easily co-existed with pragmatic strategies. A diviner could visit the hospital for treatment or send a patient there; his or her job, after all, was to tell the patient primarily who had caused the disease. Similarly, mothers, knowing that their children's health would suffer on a seasonal basis, strove to prevent misfortune and tragedy by engaging in strategies on several fronts - working hard in the fields, performing rites of purification and, increasingly, visiting the hospital. The conflict between these strategies undoubtedly existed more in the beliefs of their western doctors and nurses than in their own minds.

As in many farming systems in which most of the field labour is done by women, the infant feeding habits of Pondo mothers had to complement the labour necessary to provide food for the rest of the family. Ten days after giving birth, she was expected to resume her normal work: grinding grain for an hour daily, cooking, fetching water and firewood. A mother of older girls could share the labour with them and work less intensively than a bride. During planting and harvest seasons, the new mother returned to the fields, located two to five miles from her home. She took her infant with her if her mother-in-law were not at home to look after it and especially if she had no older child to do so, as she would have preferred. Hoeing was hard to do properly with a child strapped to the back and the hot sun burnt the child if no

trees provided shade for it to sleep nearby. Harvesting was easier because the pace of the work was more leisurely. Child-nurses and the *amasi* and watery maize porridge (*inembe*) that they fed to infants from the eleventh day onwards complemented the seasonal demands which field labour placed on women. Work parties, whether in the fields or in the *umzi* grinding grain, and large polygamous households generally provided women with a pool of labour, as well as companionship, lightening domestic burdens; they may even have freed mothers to attend more closely to their babies' needs. By 1937 Dr Drewe noticed that mothers increasingly wanted to leave their sick infants in the hospital so that they could return home to look after the rest of their families. This desire reflected work pressures attendant upon the shrinking of the *umzi* at least as much as it indicated a perhaps partial acceptance of the efficacy of western medicine.

The quality of child health was also a function of how many small children a woman had to feed and care for. Polygamy had helped to space children, ideally, three years apart. Before the modern assault on polygamy helped to reduce family size, most couples observed a taboo on sexual intercourse during lactation. A husband would spend three hoeing seasons sleeping on the opposite side of the hut from his wife or with another wife; otherwise he was said to be "killing his own child". By the early 1930s, monogamy had helped to reduce the time that a mother would nurse her child to eighteen months, or at most two years. [28]

While child rearing tactics in early twentieth century Pondoland were clearly based on efforts to reconcile potentially conflicting productive activities, it is equally clear that growing up in Pondoland was perilous. Although the frequently cited 50 percent infant mortality rate was due partly to severe problems experienced in childbirth, it was also due to climatic vagaries - the greater prevalence of broncho-pneumonia and whooping cough in winter and enteritis in summer, partly to inherited diseases such as syphilis, and partly to the low resistance to infection characteristic of children in households with few cows, many small infants and an overworked mother.

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By the 1940s a new reason was growing to explain the vulnerability to infection of infants and children. As Drewe wrote in 1943: milk was short in winter and not at all plentiful in summer, perhaps due to the "poor type of stock held by the native". [29] The year is significant. The 1940s were a decade when stock prices were rising but migrants' wages were not. By 1950 cattle cost two to three times more than they had in the 1930s. [30] The cause of their declining quality lay in their price more than in the quality of their pasturage: very little erosion, as was scarring the landscape elsewhere in the Transkei, was occurring there. The problem of a low milk supply in Pondoland was perceived to be new in the 1940s, as indicated by the near silence on the subject in earlier decades. At least by 1945, the level of milk in communal pots was for many families sinking low; the average homestead was said to consume less than a pint daily. [31] The reason lay in the quality and number of Pondo cows. A cow that calved four times was a rarity, and after the calf had had its share there was little left over for humans. Most Pondo homesteads had between one and thirty head of cattle, and many of these were plough oxen. The 1940s were also the time when the word "malnutrition" cropped up with increasing frequency, both in medical records and in the exhortations of government officials: people should take greater care of their stock and lands so that there should be no malnutrition. [32] These warnings ominously forecast the disastrous development policies of the 1950s, formulated virtually without consultation with the people to whom they would be applied.

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In Pondoland, the 1950s were an alarming decade. People believed that their livelihoods were being strangled by government policies and by inflation which their incomes were not rising to meet. The dialogue between officials and the people they governed, stilted though it was, reflects this crescendo of popular anxiety. Officials, whether magistrates or doctors,

used increasingly admonishing tones: there would be no hunger if grazing and animal husbandry were properly controlled; there would be no sick babies if women understood the importance of milk in their infants' diets. Now part of a master plan, the official onslaught, intended to "better" and "rehabilitate" African production, was speeded up. In the early 1950s people resisted the first phase of the scheme - clearing people out of the headmen's forests, where they were said to be ruining the timber reserves. The following years brought old and new assaults on the livelihood of households. Migrants were forbidden to import stock into their home districts without magisterial permission. Stock were to be grazed in rotating paddocks at some distance from the *umzi*. *Imizi* were to be grouped into villages. After local politics began to be tampered with in the name of creating a more efficient system under Bantu Authorities, popular alarm reached the pitch of rebellion. On 6 June, 1960, twelve wounded were brought to Holy Cross Hospital following a South African Defence Force assault on a meeting of men at nearby Ngqouza Hill. The dozen wounded, the thirteen who died, and the rest of the crowd gathered in the hollow of the hill would have expressed their reasons for gathering largely in political terms. But it is clear that they had also gathered as a general protest against the deteriorating quality of life.

For most men, the indices of this decline were apparent wherever they looked - in their stock kraals, in the size of their harvest, in the health of their children. The cattle population of Lusikisiki District, for example, had fallen from over 106,000 in 1930 to under 89,000 in 1956. The rising price of cattle relative to wages had contributed to this decline, as had government efforts to prevent erosion by enforcing the culling of inferior stock. Further, drought in the 1950s obliged men to sell their stock in order to feed their families. By 1959, the diverse means of earning money locally had dwindled to one: a Magistrate's report for that year tersely states, "the only income ... Bantu earned from the land is from cattle sales". [33]

Rural production had declined according to all aggregate indices and within all categories between 1928 and 1958. This simple fact of life is revealed for Lusikisiki District in the following table (Appendix I), accompanied though it must be by the caveat: agricultural statistics for reserves are notoriously unreliable, dependent on the accuracy and energy of traders who submitted stock and grain census forms to the local magistrate. Nevertheless, when these figures are taken into account with a rising population - Lusikisiki's had doubled between 1904 and 1946 [34] - which left some households landless, it is clear that wage rates, rather than money earned from the sale of produce, were growing to determine the food consumed within households. The cash nexus impinged on household diets most sharply during droughts but its impact was beginning to be felt throughout the year.

From 1950 until 1958, low rainfall caused the maize crop in Lusikisiki either to fail or to fall well below normal. During those years, men either asked the magistrate to hold cattle sales or signed up with local trader-recruiters, or both. When good rains fell again in 1958, the number of men being recruited declined. But for some families, even in these times of richer harvests, health continued to rely more on money than on rain. During the 1950s, although hospital staff noticed an increase in the number of adults suffering from malnutrition and infants with kwashiorkor when the rains failed, there was a bedrock of malnourished people who existed whether or not the rains were good. When a drought sent the able-bodied to work in cities and mines, they left behind those too weak to do so, including those suffering from "pure malnutrition or classical pellagra". [35] Households without potential wage earners suffered not only during periods of drought but also during the course of an ordinary year.

The following case indicates that seasonal malnutrition could give way to endemic malnutrition in certain households. One pagan woman named Mandzeni Mhle was admitted to Holy Cross Hospital almost paralyzed with tuberculosis of the spine. While she was a patient, her husband died and her brother had to look after her two children. Her older boy went to work on the Natal sugar fields and returned looking thin. Mrs. Mhle spent her days worrying about a pension which she said she had been promised but had never received. [36]

While Mrs. Mhle's tuberculosis may not have been related to her diet, her story carries the ominous suggestion that her children would not be strong and healthy. In precisely such families can be seen the transition from the possibility of seasonal hunger giving way to endemic, class-based malnutrition.

The children of small, cattleless families without access to cash were the ones to suffer most acutely from "malignant malnutrition". They simply had little or no milk to consume after they were weaned. Paramount Chief Botha Sigcau, not renowned for voicing his people's interests, tried to draw the magistrate's attention to their plight in the early 1950s. [37] So did the officials of the Bunga, speaking of the entire Transkeian Territories: "There is no milk. These people find that even the things that they brought up their children with are out of reach." [38] To say that there was enough milk was becoming a way of praising the good life. [39]

Malnutrition in adults as well as children was usually reflected in the infections to which they had in their weakness become susceptible. Tuberculosis and dysentery readily afflicted poorly nourished people. In adults and children the infection was usually the immediate cause of hospital admission, while in infants an infection such as tuberculosis or syphilis tended to be discovered only after the malnutrition was noted and cured. For this reason, we have less data on the incidence of malnutrition in people over the age of three years.

The chart in Table II reveals that in the late 1950s malnutrition afflicted infants seasonally. The peak months for admission to Holy Cross Hospital for malnutrition were between September and November, the time for planting and weeding, and March to June, when green and then dried grains were harvested. The first period conforms to historical expectations of hunger; people were most likely to be malnourished when the remnants of the previous year's harvest were being scooped out of the mealie pit and the new year's crops were not ready to be picked. The second period is more puzzling because the period from March to June represents the months of plenty. The answer to this conundrum illustrates the importance of assessing how much labour a mother is having to bear. This issue is at least as important as the number of cows and amount of milk in an *umzi*, the factors commonly seen as determining the health of infants.

For each of the three years represented on the chart - 1957, 1958 and 1960 - the vast majority of Holy Cross Hospital's in-patient admissions for malnutrition were under the age of three. Their reliance on their mother's milk rather than on cow's milk is illustrated by the dip in admissions during winter, the time when cows were expected to be dry. Why, then, would the peak period for malnutrition occur during harvest? Because a mother was absent from her *umzi* then, working in the fields from sunrise to mid-afternoon, her infant was being fed in all probability on *inembe*, the water in which maize had been boiled. At one time, the women of the *umzi* would have shared the labour in their respective fields; sisters-in-law or co-wives would have cultivated each other's fields in rotation. With the shrinking of the *umzi* and, to a lesser degree, the near demise of polygyny, the burden of cultivation fell more heavily on individual women.

The chart can only suggest rather than verify a range of other contributing factors. Some mothers were undoubtedly neglectful of their children, perhaps preferring to attend beer parties. Others may have been under such stress - worrying about their failure to receive remittances, for example - that they produced little milk themselves. Still others might have left their children with their own mothers when they went off to find paid work.

Mothers who went to work in Durban or Johannesburg usually had to rely on the energy, wealth and wisdom of their own mothers or other family members for the proper care of their children. In cases where these qualities were in short supply or embattled, the returning mother might well find her infant sick. One former cook in the nurses' home at Holy Cross found a better paid kitchen job in Benoni after her husband, a cattleless man working initially at a hotel in Port St Johns, had deserted her. She left a seven year old son with her brother

and a one and a half year old son with her mother. Both children died. She does not know the cause of the elder boy's death, but she believed that the younger one died because he did not live with his parents. She had weaned him at eight months and thereafter her mother had fed him on tinned milk. Despite the fact that her mother was married to the local chief, she was "very poor" because she was the fourth of five wives. The first wife controlled her and the other junior wives so tightly that they had to beg her for milk, which was, in any case, almost non-existent in winter. Such tragic stories are not uncommon among the families left behind by wage-earning women. They are even present among the families of better paid women migrants, such as teachers. In these cases, malnutrition is less likely a result of poverty and more likely to be due to the age and lack of energy of the grandmother and to her understanding of the ways in which processed milk can and cannot substitute for mother's milk. In this way, the separation of the generations may well have inhibited the exchange of systematic understanding, whether inherited or modern, about the link between diet and health. In the poorest and most severely disarranged families in which children or enervated and weak old women may be effectively raising babies, the sharing of such wisdom may not take place at all.

The introduction of powdered milk and infant formulas in the 1960s precipitated a new kind of crisis in infant health. In 1961 money from Oxfam began to be used to provide dried milk to children from poor homes. [40] Mothers eagerly adopted bottle feeding during the 1965 drought when the South African government began giving away, through Holy Cross, a vitamin enforced bran called ProNutro. The Hospital also began selling or giving away skimmed milk powder at its clinics and dispensary. This milk powder proved to be very popular with mothers, who complained bitterly if its supply was irregular. While irregularity of supply would have been rightly alarming to mothers whose children were dependent on powdered food, the most grievous threat to infant health came from two different sources: unclean bottles and water supply, and incorrect proportions of water to powder. One English nurse exclaimed that she found mothers combining only one teaspoonful of skimmed milk powder with a pint of water. As early as 1961 one Holy Cross doctor noted that the death toll from bottle feeding was "considerable". [41] Four years later, another doctor observed that nearly all bottle-fed babies suffered from marasmus and recurrent gastro-enteritis, whereas breast-fed babies were mainly healthy until weaned. Thereafter, they developed the classic signs of kwashiorkor or protein starvation: oedema and peeling of the skin, pale hair, diarrhoea, and apathy. Such children filled most of the Holy Cross children's ward.

To tackle this crisis, Holy Cross launched two offensives in the 1960s. Faced with the total failure of rain in 1965, it appealed to South African businesses and friends for funds to provide nutritious lunches daily at two local primary schools and, until rains fell again in 1966, protein foods for babies at no charge or greatly subsidized prices at the hospital and outstation clinics. The second innovation directly tackled the problem of measurement and maternal knowledge of scientific infant care. In 1969 "children's kraals" were built on the hospital grounds. There, while kwashiorkor babies were cured, their mothers were taught how to prepare a "proper", that is, high protein, diet for them.

In the mid-1960s, Holy Cross Hospital began to benefit from the pendulum of official responsibility swinging in favour of spending some money on rural welfare. The era of paternalism-cum-practical inertia - when crises, as in 1912, mainly elicited expressions of official concern, and hospital funding came from individual and largely foreign acts of charity - seemed to have passed. As late as 1948, Dr Drewe had argued against allowing the government to take over Holy Cross Hospital entirely so that patients would be treated for free and the province could appoint and dismiss staff. "This we cannot allow", he wrote. "We must keep our missionary character. We must be allowed to preach the Gospel." [42] This decision, effectively making patients pay for their own proselytization, began to be overridden in the mid-1960s when the South African government increased its subsidy of the hospital and began to make capital grants; by 1968 the South African government and the Cape Provincial administration had become the main sources of Holy Cross Hospital funding. Residents of Eastern Pondoland had every reason to look ruefully on this official

charity, coupled as it was by the inexorable implementation of "rehabilitation", and they did; in 1969 the local MP was arrested and charged with inciting his people to oppose the fencing and division of land into separate grazing, agricultural and living areas. [43] By the time that government was finally taking over major fiscal responsibility for rural health, it had largely discredited its own philanthropy.

* * *

Conclusion

The 1960s and 1970s were marked by an increase in the number of households possessing neither cattle nor land. Not surprisingly, they were also decades in which the publicity given to rural malnutrition reached such a peak that doctors attributed even the number of caesarean sections they had to perform to "the contracted pelvis of the undernourished Bantu". [44] While acknowledging the importance of the loss of land and cattle, the most visible aspects of the process of rural differentiation, this paper has added to them other factors predisposing people to suffer from malnutrition. These factors go back to the time when the polygynous and multi-generational *imizi* of the nineteenth century began to contract in size. This shrinking, stemming from sources as diverse as Christianity and the desire of younger people for greater independence, threw an increased burden of labour on the shoulders of individual women. In cases where they were unable to breast feed their infants regularly or for the three hoeing seasons that had once been ideal and had little cow's milk to use as a supplement, they were burdened still further with weak and sickly children.

While dismissing the missionaries' assessment that Pondo mothers were "ignorant" and therefore the cause of their children's ill health because they were not raising their infants in the European manner, this paper has implied that maternal choices, constrained though they were by the above processes, were not always likely to achieve optimal health for the family. The question of maternal knowledge and choice cannot be dismissed. Some customary barriers to good health were prohibitions against a prolonged, milk-fed recovery from childbirth; the consumption of eggs - they were said to make a woman promiscuous - or, in the case of men, the eating of spinach with porridge - it was said to make them impotent. Further, the acutely hierarchical relations between women in an *umzi* could result in the over-working of young mothers and the deprivation of their children's *amasi* by jealous co-wives. Those women caught in increasingly impoverished rural areas often inherited the worst of both systems of knowledge about motherhood.

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Notes

Abbreviations:

KAB	Cape Archival Depot
NAB	Natal " "
RH	Rhodes House

- 1 Philip Payne, "Public health and functional consequences of seasonal hunger and malnutrition", Workshop on Seasonal Causes of Household Food Insecurity, Policy Implications and Research Needs, London, December, 1985, p. 7.
- 2 Henry Fynn, unsigned essay, n.d., Fynn Papers, A 1382, File 11, NAB.
- 3 William Beinart, "Labour Migrancy and Rural Production: Pondoland, 1900-50", in Philip Mayer (ed), *Black Villagers in Industrial Society* (Cape Town, 1980).
- 4 1/LSK 29, File 1/17/2, KAB.
- 5 Magistrate, Tabankulu, to CMT, 4 November 1912, CMT 3/902, File 725 (1), KAB.
- 6 A.H. Stanford, CMT, to Headman Qangiso Ndamase, Libode, 20/11/1912, CMT 3/902, File 725 (1), KAB.
- 7 Minute of a meeting of a deputation from Chief Marelane with the Chief Magistrate, Umtata, in connection with famine conditions in Eastern Pondoland, 20/11/1912, CMT 3/402, File 725 (1), KAB.
- 8 E Tshongwana to RM/L, 23/9/1911, CMT 3/1104, File 14/9/8/1, KAB; Drewe's History of Holy Cross Hospital, Society for the Propagation of the Gospel, M785, Rhodes House.
- 9 Drewe's diary re visit to Paramount 6/6/1920 in Holy Cross Mission Hospital leaflet, No 5, February 1965, SPF, M 784, RH; Drewe to Miss Farwell, 21 March 1921, SPG, M 784, RH.
- 10 Drewe's open letter to SPG, 5/8/1922, SPG, M 784, RH; 1/LSK 80 File 3/11/3 (vol. 2), KAB.
- 11 Drewe's notes for Lantern Lecture, 22/4/1925, SPG, M 784, RH.
- 12 Annual Report for HCH, 1943 by Dr. Frank Drewe, SPG, M 785, RH.
- 13 Pondoland produced less wool than other areas in the Transkei, selling, for example, 142,000 lbs of wool to traders while the Transkeian average was 440,000 in 1929.
- 14 TTA 545, Umtata Archives.
- 15 Papers of Father Bernard Huss, Mariannahill Mission, Natal; United Transkeian Territories General Council Minutes; Lusikisiki Magistrates' Annual Reports, KAB.
- 16 Monica Hunter noted in the early 1930s that the percentage of polygynists in Pondoland had never been very high, and in her study of thirty-three fields she found only two households with more than one wife. Similarly, only three of these thirty-three fields were cultivated by a labour force made up of several adult women. Monica Hunter, *Reaction to Conquest*, pp 72-73.
- 17 F S Drewe, giving evidence to the Native Economic Commission at Flagstaff, 6 November 1930, in *Transkei: Health and Child Welfare*, covering pages 2524-3960, NEC evidence, University of Witwatersrand, William Cullen African Library.
- 18 Deputy District Surgeon, J C Downes, to Magistrate, Umtata, 14/2/1937, i UTA 13/7/4/1, KAB.
- 19 Resident Magistrate, Lusikisiki, to CMT, 28 November 1932, 1 /LSK, File 2/9/2, KAB.

- 20 Report by District Surgeon, Bizana, "Tuberculosis and Malnutrition Survey", April - October, 1936, included in G. Mears, Magistrate, Umtata, 14/2/1938, 1 UTA 13/7/4/1, KAB.
- 21 A L Ferguson, Medical Inspector, Transkeian Territories, to CMT, 12 December 1938, 1 UTA 13/7/4/2, KAB.
- 22 Memorandum for the Tuberculosic Committee, Information in regard to the feeding of school-going native children up to and including Standard III, *ibid.*
- 23 E F Owen, Magistrate, Lusikisiki, Annual Report for 1934, 2 January 1935, 11/LSK 38 File 2/9/2, KAB.
- 24 Interview with Hilda Sigcau, Holy Cross Hospital, 26 February 1989.
- 25 Dr M R Mahlangeni, giving evidence in Umtata to the Native Economic Commission, 14 November 1930, pp 3280-85.
- 26 Mr S Sepela, 24 November 1930, to the Native Economic Commission, pp 3885-86. Speaking of Butterworth, Sepela thought that the IMR had recently increased because "in some homes no milk is to be had to rear the children".
- 29 F S Drewe, HCH annual report 1943, SPG, M 783, RH.
- 30 William Beinart, "Labour Migrancy", in *Black Villagers*, p. 99.
- 31 P H Peppin, "Why a farm?", 1945, SPG M 785, RH.
- 32 Chief Magistrate, Transkei, W Mears, "Blessing and opening of the Drewe wing", 1942, July, SPG, M 785, RH.
- 33 Lusikisiki Magistrate, Annual Report 1959.
- 34 William Beinart, *The Political Economy of Pondoland* (Cambridge, 1979), Table I.
- 35 Dr Nigel Purry, HCH Annual Report, 1965, SPG, M785, RH.
- 36 Holy Cross Hospital leaflet No 14, June 1964, SPG, M 785, RH.
- 37 1/LSK 73, KAB.
- 38 Bunga minutes, 1951.
- 39 William Beinart, "Labour Migrancy" in *Black Villagers*, p 96.
- 40 Interview with former HCH nursing sister Elizabeth Pooley, March 1990, Wolvercote, Oxford.
- 41 Dr Patient, October 1961, SPG M785, RH.
- 42 F S Drewe, report in *South African Outlook* 1 February 1949, SPG M 785, RH.
- 43 HCH Annual Report of 1969, SPG, M 785, RH.
- 44 *Ibid.*

