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Self-Medication and the Trade in Medicine within a Multi-Ethnic Context: A Case Study of South Africa from the Mid-Nineteenth to Mid-Twentieth Centuries

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SUMMARY. The article analyses the distinctive experience of self-medication in South Africa, where the preferences of racial and ethnic groups structured a differentiated consumption of herbs, home and folk remedies, patent and proprietary medicines, and pharmaceuticals. Also examined are the interlocking agencies of missionaries, traders, storekeepers and pharmacists in the creation of regional diversity within an evolving medical market. The article indicates that sufferers developed hybrid and plural forms of self-medication that were historically and culturally variable as a result of natural and manufactured products becoming increasingly accessible and affordable. These provided attractive substitutes and/or complements to the medicines of both 'western' and traditional doctors.

KEYWORDS: South Africa, self-medication, medical pluralism, medical market, missionary, pharmacist, patent medicine, herb trade.

Until comparatively recently, the multiplicity of forms of home or domestic remedies as well as other types of self-medication have attracted limited scholarly attention. However, during the last decade the historiography on self-medication has grown so that we are much better informed for several countries.[1] For South Africa there has been a slow accumulation of interesting contributions on particular aspects of a large and complex field.[2] But there has been no analysis of the way in which a growing market emerged in natural and manufactured products suitable for self-medication by different racial and ethnic groups in South Africa. This case study discusses the interconnected agencies involved in this process.

A slow growth in South African 'western' trained practitioners and their heavy concentration in urban areas—where six out of seven doctors resided in 1911—meant that other forms of medicine remained strong, especially for rural sufferers.[3]

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[1] For example, J. K. Crellin, *Home Medicine: The Newfoundland Experience* (Montreal, 1994); C. E. Rosenberg (ed.), *Right Living, and Anglo American Tradition of Self-Help Medicine and Hygiene* (Baltimore, 2003); D. Craig, *Familiar Medicine: Everyday Health Knowledge and Practice in Today's Vietnam* (Honolulu, 2000).

[2] E. H. Burrows, *A History of Medicine in South Africa up to the End of the Nineteenth Century* (Cape Town, 1958), pp. 191–4; M. Ryan, *A History of Organised Pharmacy, 1885–1950* (Cape Town, 1986); E. Lastovica, 'Sequah, a Quack in Nineteenth-Century Cape Town', *Cabo*, 4 (1987); D. Gordon, 'From Rituals of Rapture to Dependence: The Political Economy of Khoikhoi Narcotic Consumption', *South African Historical Journal*, 35 (1996); M. Cocks and A. Dold, 'The Role of "African Chemists" in the Health Care System of the Eastern Cape Province of South Africa', *Social Science and Medicine*, 51 (2000).

[3] Government papers, UG 32-1912, *Census of 1911. Part V, Occupations*, pp. 706–7; H. Deacon, H. Phillips, and E. van Heyningen, *The Cape Doctor in the Nineteenth Century* (London, 2004), pp. 36–7.

Here healers or traditional doctors had long practised one form of indigenous medicine, attracting perhaps four out of five black sufferers as well as a handful of white patients. But, for both black and white, an expanding range of medicines meant a growth in self-medication, either as a substitute or a complement to a consultation with a 'western' or traditional doctor. 'Dutch' medicines and folk remedies formed a distinctive domestic medicine for members of Afrikaner (of Dutch, German, and French origin) farm households; patent medicines retailed in country stores to customers from every ethnic group; medicinal plants were sold by itinerant traders to African and coloured (the official category for those of mixed race) purchasers; herbal and manufactured medicines attracted black and white customers through mail order; and medicines retailed in pharmacies to an urban—predominantly white—elite.[4]

South Africa's historical experience of self-medication had some similarities with other countries. As in Britain, where there was a tenfold increase in the sales of patent medicine during the late nineteenth and early twentieth centuries, enthusiastic promotion by suppliers interacted with consumers' predilection for self-medication.[5] And like another country with a huge rural interior, the United States of America, 'snake-oil' and similar quack remedies were sold to gullible inhabitants in areas lacking trained health care practitioners.[6] From another cross-cultural perspective, South Africa had similarities with Japan in its dual system of 'western' and indigenous medicine. Some Japanese sufferers adhered to *Kampo* or traditional Japanese medicine, and bought their herbs for self-medication from traditional pharmacies in Kyoto (the urban centre of the mountainous district that supplied herbs), or from traders who carried herbal remedies to sell in other parts of Japan.[7] In Japan, as in South Africa, a herb trade continued to be important.

South Africa's experience was distinctive, however, and much of this singularity resulted from the diverse racial and ethnic groups whose preferences structured a differentiated medicine. Their composition, size and distribution are therefore relevant to this article's analysis. Table 1 indicates that by far the largest racial group was African and, according to the 1904 census (the first to specify it separately), comprised two-thirds of the total population. This proportion continued until mid-century. Charles Feinstein's estimates for the earlier size of this African or Bantu group suggest between 1,500,000 (lower bound) and 3,000,000 (upper bound) for the mid-nineteenth century, with even the lower figure nearly ten times the size of the white population. For the Khoisan, the census of 1865 suggested a small group of 50,000 people, but by that time it was difficult to separate them from the broader coloured or mixed race population. In 1904 the coloured population made up about one in twelve of the South African

[4] This formed an estimated 15 per cent of the population. See D. W. Goyns, *Pharmacy in the Transvaal, 1894–1994* (Braamfontein, 1995), p. 96.

[5] A. Digby, *Making a Medical Living* (Cambridge, 1994), pp. 39–41.

[6] P. Starr, *The Social Transformation of American Medicine* (New York, 1982); J. H. Young, *The Medical Messiahs* (Princeton, 1967).

[7] M. M. Lock, *East Asian Medicine in Urban Japan* (Berkeley, 1980) pp. 97–8, 135, 145–7, 151–2.

TABLE 1. *Population of South Africa by Racial Group, 1904–2000*

Year	African%	White%	Coloured%	Asian%	Total (millions)
1904	67.4	21.6	8.6	2.4	5.19
1910	67.3	21.4	8.8	2.6	5.88
1920	67.7	21.9	7.9	2.4	6.84
1930	68.9	20.9	7.9	2.3	8.68
1940	69.7	20.0	8.0	2.3	10.75
1950	69.3	19.5	8.5	2.7	13.60
2000	79.0	9.6	8.9	2.5	44.07

Source: Taken from C. H. Feinstein, *An Economic History of South Africa* (Cambridge, 2005), table A1.3.

TABLE 2. *White Population of South Africa, 1855–1904 (thousands)*

Year	Cape	Natal	Orange Free State	Transvaal	S. Africa
1798	21.7	—	—	—	21.7
1832	66.0	—	—	—	66.0
1855	112.0	8.5	15.0	25.0	161.0
1865	181.6	17.0	21.0	33.0	252.0
1875	236.8	18.6	27.0	40.0	342.0
1880	—	25.3	61.0	50.0	—
1891	377.0	46.8	77.7	119.1	632.0
1904	579.7	97.1	142.7	297.3	1,116.8

Source: Taken from Feinstein, *An Economic History of South Africa*, table A1.1.

population and this proportion remained stable for the rest of the century. Table 2 indicates official figures (together with some related estimates) for the white population in different parts of the country during the nineteenth century. Table 1 indicates that whites formed about one-fifth of the total population during the first half of the twentieth century.[8] Within the white population were the two main ethnicities of the English and the Afrikaners, with approximately 60 per cent of the white group being Afrikaner.[9] The forms of self-medication accessible to these groups were shaped by differential rates of urbanization. The 1931 census showed only two-fifths of whites but more than three-quarters of other races lived in rural areas.[10]

Missionaries and Medical Commerce

Missionaries played a significant early role in fostering the growth of rural medical consumerism amongst the coloured and African population because, in a shared ground between missions and colonial society, there was 'explicit association of

[8] C. H. Feinstein, *An Economic History of South Africa: Conquest, Dispossession and Development* (Cambridge, 2005), pp. 252–6.

[9] H. Giliomee, *The Afrikaners* (Cape Town, 2003), p. xiii.

[10] C. G. W. Schumann, *Structural Changes and Business Cycles in South Africa, 1806–1936* (London, 1938), p. 146.

Christianity, commerce and civilisation'.[11] Mission evangelism directed at the African and coloured population was framed by the desirability of spreading western values, introducing material goods, and creating customers for imperial manufactured goods. That early missionaries effected cures from bottles in their medical chests focused attention on medicaments. In what Landau has termed surgical evangelism, successful surgical operations were also important in publicizing the power of 'western' medicine.[12] Beck has shown for southern Africa more generally how pioneering missionaries bartered goods to 'encourage conversion, as payment for services, and as presents for African leaders', so gradually creating dependency on European material goods.[13]

Traders appreciated the effect that nineteenth-century missionaries had on a general propensity to consume. A Mafikeng dealer commented that 'The traders ... have the best reason to be gratified by the progress of Christianity, for as soon as a native becomes a Christian ... the demand for foreign goods is greatly stimulated'.[14] Within a developing commercial economy, Colin Bundy has highlighted the extent to which market relations penetrated African areas from the 1870s to 1890s, creating new and permanent wants in the African peasantry.[15] Even in the mid-twentieth century the contrast—between the Christian, or so-called 'school' Africans, and the 'red' or 'heathen' Africans—was still noticeable in their patterns of consumption, with the former purchasing many more 'European' manufactured goods.[16]

The Moravians were already committed to trade when they arrived in the Cape to minister to a coloured population recently emancipated from slavery. The mission came from Germany where the Halle Orphanage had manufactured pharmaceuticals, and used its profits to finance Pietist missionary activity with an explicit duty to treat sickness. A standard Halle product was the small physic or medicine chest containing about a dozen products along with popular texts to explain their use.[17] In 1849 Rudolph Roser came out to the Moravian Mission at Genadendal in the western Cape and was licensed as an apothecary.[18] The official notice in the *Government Gazette* was followed by a personal recommendation from a member of the Colonial Medical Council, Mr C. F. Juritz, who operated the Cape depot for 'Dutch medicines' imported from the Orphan

[11] A. Porter, 'Religion, Missionary Enthusiasm and Empire', in A. Porter (ed.), *The Oxford History of the British Empire. The Nineteenth Century* (Oxford, 1999), p. 231.

[12] M. Gelfand, *Christian Doctor and Nurse* (Sandton, 1984); J. L. and J. Comaroff, *Of Revelation and Revolution*, 2 vols (Chicago, 1991–7), ch. 7; P. S. Landau, 'Explaining Surgical Evangelism in Colonial Southern Africa: Teeth, Pain and Faith', *Journal of African History*, 37 (1996); C. Allwood, 'Mission as Healing the Sick: Christian Medical Missionaries in South Africa', *Missionalia*, 17 (1989).

[13] R. B. Beck, 'Bibles and Beads: Missionaries as Traders in Southern Africa in the Early Nineteenth Century', *Journal of African History*, 30 (1989), pp. 213, 225.

[14] *London Missionary Society Chronicle* (1902), 264.

[15] C. Bundy, *The Rise and Fall of the South African Peasantry* (Cape Town, 1988), pp. 74, 91, 129.

[16] W. D. Hammond-Tooke, *Bhaca Society* (Cape Town, 1962), p. 261; W. D. Hammond-Tooke, *The Tribes of the King William's Town District* (Pretoria, 1958), p. 55. The 'Red people' (*ababomvu*) were Africans who used a mixture of red ochre and animal fat on their bodies to protect against the cold and sunburn, and who retained their traditional culture.

[17] R. Wilson, *Pious Traders in Medicine* (Philadelphia, 2000), pp. 63, 67–71, 78, 122–3, 127–8.

[18] *Government Gazette*, 30 August 1849.

House at Halle.[19] An obvious inference was that Juritz hoped to supply medicines to Roser, and thus would benefit from a potential market within the mission and its hinterland.[20]

The Moravian mission stores at Mamre, Elim, Genadendal and elsewhere displayed a linkage between religion, trade, and medicine, with even a Moravian Mission Trading Company between 1935 and 1952. The store at Genadendal had a poster of 'Sound Remedies for Sick People. The Trader's Handy Guide Chart'.[21] The chart listed ailments that the customer might complain of, and alongside these conditions suggested commercial remedies. Beginning with 'acidity', for which Rajah Stomach Mixture or Graham's Ginger Cure for infants was appropriate, it worked its way alphabetically through another 61 ailments—including not only everyday predicaments such as constipation, ear ache, or sore throat, but less common afflictions such as gout and scrofula—before finally reaching 'weakness', for which Virata pills, or Virnil Tonic and Strengthening Pills were recommended. That Graham Remedies printed and distributed this indicates the widespread retail trade in patent medicines conducted not only in missions but in stores more generally, and the extensive use of self-medication by local Cape consumers—the coloured farm labourers and Afrikaner farm households.

Traders and Storekeepers

The storekeeper and the travelling trader became important sources of medicines for the independent rural consumer. A useful insight into the itinerant trader's activities can be gained by looking at complaints of unfair competition by apothecaries and doctors in memorials to the Cape Colonial Medical Council.[22] One wrote in 1846 that 'it is nearly impossible for me . . . because merchants here order and sell continually . . . quantities of medicine of most every description from Cape Town and other places—Messrs Juritz and Kunhardt I think are the greatest suppliers of travelling merchants'.[23] Another insinuated that some members of the Colonial Medical Committee—such as Juritz—had concealed conflicts of interest, and thus favoured a relaxation in country areas of the regulation whereby apothecaries dispensed drugs, because it would be to their private advantage.[24] Frequently informing such protests and counterclaims were rival professional and economic interests—sometimes aligned with a less visible counterpoint of diverse ethnic identities because the English showed little appreciation of Hallische or 'Dutch' medicines. Traders counter-attacked by protesting that the law was unduly restrictive, and that drug sales were both

[19] National Archives, Cape Town, CO 4055, Memorials of 1850; *Cape of Good Hope Almanac* (1843); *Volksblad*, 25 January and 1 February 1850.

[20] CO 4055, Memorial from Dr Orpen, 8 February 1850.

[21] B. Krüger, *The Pear Tree Blossoms* (Genadendal, 1966), pp. 56–7, 181; B. Krüger and P. W. Schaberg, *The Pear Tree Bears Fruit* (Genadendal, 1984), pp. 65, 43–4, 113.

[22] National Archives, Cape Town, MC 3, Medical Committee, 27 June 1842; Burrows, *Medicine*, p. 155.

[23] National Archives, Cape Town, CO 4029, document 368, 30 March 1846.

[24] National Archives, Cape Town, MC 10, letters to Medical Council, 8 December 1848.

necessary and effective: Hallische medicines, they argued, 'are usually purchased and used by the inhabitants of country districts, many of whom live at a distance of one hundred miles from any professional assistance'.[25]

This growing trade in medicines was viewed ambivalently by the colonial authorities. The presence of a powerful rural interest group in the Cape Parliament meant that the sectional interests of pharmacists were not effectively protected by law against sales of medicine by itinerant traders or storekeepers. During the late nineteenth and early twentieth centuries itinerant trading expanded—particularly that by Jewish *smouses* or hawkers who took in as many rural households and farms as possible.[26] In the Transvaal during the 1880s an unusual Irishwoman, Mrs Heckford, became a travelling trader and her autobiographical account shows how a trader would change stock to anticipate fresh demands from different ethnic groups.[27] Amongst the medicinal goods stocked by itinerants from the 1880s to 1900s were indigenous herbs such as *buchu* and *dagga*, as well as *rooibos* tea.[28]

Gradually, the activities of the itinerant trader were supplemented by the general storekeeper. Some of the *smouse* who had sold 'Dutch' medicines themselves graduated to ownership of country stores, as in Namaqualand, where their stores had groceries shelved on the left and medicines on the right.[29] Taking pride in being 'Universal Providers', storekeepers obtained patent medicines from urban pharmaceutical firms.[30] Ease of supply, together with buoyant demand, ensured that a rising number stocked medicines, and by the early 1930s as many as one in five general dealers had a licence to sell them.[31] Albert Jackson kept stores in the northern Cape between 1899 and 1902, and recollected that 'Remedies of every description formed no small proportion of a country store's goods, especially the old "Dutch" medicines'.[32] *Druppels* or drops made up in a tincture in a small bottle were the staple of these 'Dutch' remedies, and in 1906 the *Rand Daily Mail* remarked on the large supply of these drops that invariably occupied much of the shelf room in country stores.[33] In addition, patent medicines such as 'Nature's Health Restorer' sold well in general dealer outlets in the Transvaal.[34]

[25] MC 7, Colonial Office to Medical Council, 1821-5, memorial from drug vendors, 20 May 1824.

[26] M. Steyn, *The Diary of a South African* (Cape Town, 1919), p. 116.

[27] Mrs Heckford, *A Lady Trader in the Transvaal* (London, 1882), p. 258; V. Allen, *Lady Trader* (London, 1979), pp. 130, 175, 179.

[28] A. Jackson, *Trader on the Veld* (Cape Town, 1958), p. 36.

[29] P. Jowell and A. Folb, *Into Kokerboom Country. Namaqualand's Jewish Pioneers* (Cape Town, 2005), pp. 12, 35–8.

[30] W. F. Fish, *The Autobiography of a Counter Jumper* (London, 1929), p. 179; Steyn, *Diary of a South African*, pp. 200–2; P. W. Laidler and M. Gelfand, *South Africa. Its Medical History, 1652–1898* (Cape Town, 1971), p. 308; *South African Medical Journal*, I (1884), 126; III (1895–6), 127; *Cape Almanac*, 1847.

[31] Personal communication from Mervyn Susser on his family's trading store in the northern Transvaal; *South African Medical Journal*, II (1887), 119; Ryan, *Pharmacy*, pp. 69–70, 95; Government Ordinances 12 and 82; Burrows, *Medicine*, p. 82.

[32] Jackson, *Trader*, pp. 30, 62.

[33] *Rand Daily Mail*, 1 March 1906.

[34] Goyns, *Pharmacy*, p. 26.

Amongst the principal patrons of the store were the farm households of the Dutch or Boers (termed Afrikaners from around the 1870s.) Most Afrikaners were farmers and the Afrikaner farm, as Gilomee has aptly described it, was a 'virtually autonomous social domain'.[35] Fending for oneself involved an eclectic 'settler' medicine centred on 'Dutch' medicines, supplemented first by local herbal and folk remedies, and later by the local store's patent and proprietary medicines. The 'housewife doctor' used a variety of herbal remedies, some learned from the Khoisan, which ranged from *buchu* tea for weak kidneys, to wormwood in the shoes for a weak heart. Her choice of remedies was frequently assisted by a household guide to self-medication, such as D. J. Smal's *Die Afrikaanse Huisdokter* [The Afrikaner Home Doctor].[36] Animal folk remedies were also employed during sickness, as in the Colesberg area, where 'for fits the old people used dog's blood, for measles goat's dung, for a sore throat wolf's dung'.[37] Remedies were used eclectically and symptomatically, so that if one treatment did not answer, then resort was had to another. During the South African War, retention of traditional cultural practices in the camps became an important element in Afrikaner political identity. This was shown by a mother's desire to heal her children (for example, through wrapping them in soothing eucalyptus leaves during fever), against a British army doctor's advice to send them to the camp hospital.[38]

An additional health care 'resource' were the quacks who were common not only in rural but also in urban areas. Amongst them were the travelling Sequah who, as Latovica has shown, promoted American Indian medicines in large towns during the 1890s. They presented the evidence of their cures for rheumatism through publishing sufferers' testimonials in newspaper advertisements, and by exhibiting clients in 'before and after' appearances before large audiences. Despite their popularity, both Sequah Oil and Prairie Flower Mixture were made up only of turpentine, fish oil, and a little camphor.[39] Quacks continued to practise into the early twentieth century, usually concentrating on illnesses where registered doctors achieved little (for example, the 'cancer-curer').[40]

General trading stations run by whites assumed an important role in supplying items for self-medication to Africans. As early as the 1850s and 1860s, fifty trading stations had been established beyond the eastern frontier of the Cape—from Pondoland northwards to the border with Natal. These traded imported manufactured goods for local pastoral and agricultural products.[41] A colonial doctor

[35] Giliomee, *Afrikaners*, pp. xix, 37, 320.

[36] R. Melzer, 'The Housewife Doctor', *Adler Museum Bulletin*, 9 April 1983, 1–2.

[37] Quoted in Burrows, *Medicine*, p. 187.

[38] R. Van Reenen (ed.), *Emily Hobhouse* (2nd edn, Cape Town, 2000), pp. 76, 93, 95; E. van Heyningen, 'Women and Disease: The Clash of Medical Cultures', in *Rethinking the South African War* (forthcoming).

[39] Lastovica, 'Sequah', pp. 10–18.

[40] Burrows, *Medicine*, pp. 153, 155–6, 257; Government paper, UG 6-1927, *Report of the Department of Public Health, 1925–6*, p. 192.

[41] W. Beinart, *The Political Economy of Pondoland, 1860–1930* (Cambridge, 1982), pp. 23, 27; S. Marks and A. Atmore (eds), *Economy and Society in Pre-Industrial South Africa* (London, 1980), p. 144.

observed that Africans 'purchase our [European] medicines freely' at these stores.[42] By the 1880s, the Bouverie brothers had become the major wholesale traders in the area, and my analysis of their invoices shows them supplying medicines including Holloway's Ointment, painkillers such as Chlorodyne or laudanum, along with laxatives such as Epsom salts or Sarsaparilla. Twenty years later, patented medicines had become more conspicuous so that Enos fruit salts, Beecham's powders, Carter's little liver pills, and Phospherine were being sold, as well as a wider range of general medicines including bottles of embrocation, eucalyptus oil, and asafoetida.[43] In Bizana in eastern Pondoland, William Saville Lewis was retailing goods and medicines in the same period, amongst which was a 'blood purifier' called 'Pink Pills for Pale People' that was popular amongst African consumers.[44] Like the Bouveries, Lewis also stocked Phospherine (whose manufacturers trumpeted its efficacy for everything from nervous debility to malaria and rheumatism), and extended the self-medication range by supplying Wood's peppermint cure, as well as castor oil. That he sold medicine was well-known in the neighbourhood, since the local magistrate sent him a copy of legislation of 1908/9, which attempted unsuccessfully to impose a stamp duty on patent and proprietary medicines.[45] In remote rural areas such as this, an association of the trading store with medicine was cemented by the mission hospital later running an out-patient clinic in a room at the store.[46]

The Bouveries' trade was financed from London and supplied via a Durban merchant,[47] while Lewis had credit links with Durban wholesalers and merchant houses.[48] Just as these Pondoland traders were overwhelmingly dependent on wholesalers based in Natal, so Jackson in the northern Cape was dependent on his Port Elizabeth supplier in the eastern Cape. And wholesalers up the coast in East London supplied retail trading stores in the Ciskei hinterland.[49] This extensive network of trading communication, linking remoter rural areas to major urban ones, facilitated an increasing range of consumer goods—including medicines—in country stores.

Stores were situated every five to seven miles in order to induce African consumption of European manufactured goods. 'Most stores do a large trade in patent medicines', commented Monica Hunter of Pondoland during the 1930s, while 20 years later W. D. Hammond-Tooke noted that traders in the remote Mount Frere

[42] Cape official papers, G13-1888, *Reports of District Surgeon*, p. 53.
[43] National Archives, Cape Town, A 1403, O'Donnell account books for 1886–9 and 1901–6.
[44] National Archives, Cape Town, A 2044, William Saville Lewis, receipt of 7 November 1906.
[45] National Archives, Cape Town, A 2044, Lewis, receipts 12 October 1908; 29 January, 19 June, 9 September 1909; 18 January 1910.
[46] University of York, Borthwick Institute, Gale papers, 'Notes on the History of the Church of Scotland Hospital at Tugela Ferry', n.d.
[47] W. Beinart, 'European Traders and the Mpondo Paramountcy, 1878–1886', *Journal of African History*, 20 (1979), 474–5.
[48] Jackson, *Trader*, p. 47.
[49] D. Hobart Houghton (ed.), *Economic Development in a Plural Society* (Oxford, 1960), p. 91; D. Hobart Houghton and E. M. Walton, *The Economy of a Native Reserve* (Pietermaritzburg, 1952), p. 66.

area stocked patent medicines for their Bhaca clientele.[50] Also in the 1950s, the Keiskammahoek Rural Survey (covering over one million people in the Ciskei) quantified expenditures of local consumers to find that medicines and toilet requisites comprised between 1 and 2 per cent of sales.[51] And beyond the north-eastern frontier of the Union, in the Bechuanaland Protectorate, Schapera showed how patent medicines were found in the trading stores of African reserves during the 1940s. These included Kyalami heart tonic and headache powders. 'Even the poorest household tries to provide itself with ... various patent medicines'. Indeed, one store's inventory showed that 'patent medicines increased about 30 per cent since 1932'. An important force driving consumerism was large-scale, migrant labour, since black miners who had worked on the Rand acquired new knowledge in the Transvaal about non-indigenous medicines and brought home bottles of medicine, Vaseline, and embrocation.[52]

The Pharmaceutical Business

The difference between a general trading store (that sold patent and herbal-based medicines amongst a large range of general goods), and a chemist's shop (that extended business into all-purpose goods), was not as great as their respective labels might suggest. The business of an early chemist—at least in rural districts—appears to have been partly general commercial activity and partly pharmacy, with the latter extending into medical matters more properly the province of the licensed doctor. The daybook of J. Williams of Brakfontein, near Somerset East in the eastern Cape, indicated that, during the early 1860s, he sold general goods to local inhabitants—from tobacco to a psalm book or even a horse. In his central business as a chemist and druggist he supplied pills and liniments, mixtures, anodynes, and powders and made up individual recipes. But he also strayed into medical territory by giving 'advice and prescription', or paying visits to clients' homes.[53]

From 1807, the Cape Colonial Medical Committee had regulated pharmaceutical businesses such as that in Brakfontein, until a separate Cape Pharmacy Board was set up in 1892. The committee allocated to apothecaries (later termed chemists and druggists), the dispensing, preparation, and selling of medicines, and reserved the right of the committee to inspect chemists' shops. Numbers of licensed pharmacists in the Cape grew from little more than a dozen in 1840 to 266 half a century later.[54] Since retail pharmacy had a restricted entry (because of the need for a licensed pharmacist on the premises), it remained relatively lucrative.[55] In contrast to a rural chemist, a town pharmacy

[50] M. Hunter, *Reactions to Conquest* (Cape Town, 1979), pp. 140, 305–6; Hammond Tooke, *Bhaca Society*, pp. 29, 296.
[51] Houghton and Walton, *Native Reserve*, p. 80; D. Hobart Houghton, *Life in the Ciskei* (Johannesburg, 1955), pp. 34–5.
[52] I. Schapera, *Migrant Labour and Tribal Life* (Oxford, 1947), pp. 122, 125–6, 229, 231, 237–8.
[53] University of Cape Town Archives, BC 217, box 4, daybook of J. E. J. Williams, 1862–4.
[54] Ryan, *Pharmacy*, pp. 1–9, 31, 33, 37–8.
[55] Houghton, *Economic Development*, p. 113.

focused mainly on its core business. How this operated is revealed by Philip Isaacs who was apprenticed to Gaston's Pharmacy in Kimberley in 1922 and worked there until 1931. The pharmacy sold patent medicines (such as Carter's Little Liver Pills, Dr William's Pink Pills for Pale People, and Graham's Remedy), as well as Cape Dutch Remedies, and a few herbal remedies. He recollected that medicines for Afrikaner and English customers had much the same ingredients: 'they just had their own particular names for them'. Isaacs reflected that 'Gaston's was famous for its . . . "Red Mixture" . . . It was an ideal thing for influenza, and we used to sell it by the bucket'.[56] The prescription book shows how the original composition of Dr Smith's Mixture was given more power in Gaston's Red Mixture by increased proportions of camphor, menthol and other ingredients, while syrup was added to make the medicine more palatable.[57] This suggests keen competition for customers in Kimberley—the focal point of the booming Diamond Fields—where as many as 16 pharmacists were registered under the Medical and Pharmacy Act of 1892.[58] Further north, chemist shops operated in urban centres—Johannesburg, Pretoria, and mining towns on the Reef, although medicines were sold by itinerants in the rural Transvaal.[59] Nation-wide retail pharmacies were gradually reshaped by wholesale pharmaceutical businesses located in Cape Town, Port Elizabeth, and Johannesburg. Their products supplanted individually compounded medicines, so that a pharmacist stated regretfully that 'We simply dispense the drugs now and have given away our individual rights to the manufacturing industry'.[60]

In areas with a sizeable black population, pharmacists targeted African needs. The expanding value of such custom might occasionally result in a European pharmacist taking on an African apprentice, as happened in the Transkei in 1885 when Solomon Dinga, a young Mfengu, was indentured to James Woolby in Engcobo.[61] Pharmacists also sometimes examined African patients or performed minor operations on them.[62] Black customers liked pharmacies because they offered prompt and courteous service—in contrast to the crowded facilities and assembly-line treatments often later experienced in out-patient departments of clinics and hospitals.[63]

Mail Order Medicine

From the late nineteenth century, the medicine trade expanded after patent medicines (often with secret ingredients or unknown proportions of known ingredients), joined proprietary medicines (largely with patented or registered

[56] Interview with Philip Isaacs.
[57] McGregor Museum, Kimberley, MMK 4700, Gaston's prescriptions.
[58] Ryan, *Pharmacy*, p. 27, table II.
[59] Goyns, *Pharmacy*, p. 10.
[60] Max Friedman, retiring Cape Town pharmacist (*Atlantic Sun*, 30 August 2001).
[61] Ryan, *Pharmacy*, pp. 2, 38.
[62] 'Alleged Illegal Practice by a Chemist', *South African Medical Record*, 25 March 1906; 'The Unzimkulu Prescribing Case', *South African Medical Record*, 10 May 1906; *South African Medical Journal*, IV (1896–7), 166.
[63] R. E. Phillips, *The Bantu in the City* (Lovedale, 1938), p. 130.

ones), and commercial herbal medicines. This growth attracted disparaging comment from doctors who asserted that 'There is no country . . . where the consumption of quack remedies is so high per head'.[64] In reality the South African experience was not untypical of an international situation where advertising and leafleting stimulated a rising consumption of medicines promising physical well-being. In an interactive process of production and consumption, producers were attentive to sufferers' liking for certain types of medicines, whilst at the same time shaping and stimulating these desires into new channels that in turn required fresh medication. In South Africa, patent medicine cures assimilated elements from diverse medical traditions within a pluralistic medicine. Officially, the patent medicine trade was acknowledged to be large but its full extent was held to be unquantifiable.[65]

From the 1880s urban pharmacists used newspaper advertisements to develop a rural market. At first directed at a white readership, this involved publicity on distinctively Afrikaner medications, as well as promotion of English remedies. Adverts roused the sufferer's anxieties but promised sure-fire cures. The *Mafeking Mail* in 1917 carried publicity from Lennon—which boasted that it had 'up-to-date stores of patent and Dutch remedies'—alongside more general promotions for Beecham's pills ('Do not wait until your health is impaired, but take steps to keep it up to the mark'), and Ashton and Parson's Infant Powders (as used by Royal Mothers for little Princes and Princesses). The *East London Daily Dispatch* in 1920 promoted Eagle Pile Pills and Ointment, and 'Gets-it' for corns and calluses, available from Lennon and a number of other named pharmacies. However, Jones' Rheumaticuro for neuralgia was advertised as being obtainable only from a Cape Town mail order company. In the same year, the *Cape* carried general promotions for De Witts' kidney and bladder pills (guaranteeing 'for that awful backache, certain relief in 24 hours') and Collinson's Quinine Commando for flu or colds, where a promise (or was it a threat?) suggested that 'a glass in time saves grave possibilities'.[66]

From the closing years of the nineteenth century, mail order business became an important means of expanding this rural African trade. Here a catalyst was provided by the arrival in the Cape of the penny post by 1864, and the basis for a South African postal union by 1883.[67] Country traders often had a Post Office Agency so that at Jackson's Draghoender store a very large bag contained 'a mass of pamphlets advertising patent medicines which then flooded the countryside'.[68] In persuasive advertising, Dr William's Pink Pills for Pale People were stated to 'make new blood at every dose' and to be a tonic that will 'give your blood—and you—a New Life'.[69] Even in the remote Transkei, this remedy

[64] B. J. F. Laubscher, 'The Psychology of Quackery', *Journal of the Medical Association of South Africa*, 1 (1927), 353-4.
[65] UG 19-1936, *Proprietary Medicines*, paragraph 7, p. 8.
[66] *Mafeking Mail*, 14 February 1917, *East London Daily Dispatch*, 8 May 1920; *Cape*, 6 August 1920.
[67] M. H. de Kock, *Selected Subjects in the Economic History of South Africa* (Cape Town, 1924), p. 353.
[68] Jackson, *Trader*, p. 26.
[69] *Bloemfontein Post*, 2 November 1903.

found sales through mail order from Cape Town.[70] Vendors relabelled remedies hitherto sold to white purchasers under picturesque African names, promoting them as cures for specific ailments or as universal panaceas for everything from heart trouble to sandworms.[71] Advertisements in the African press in the Transvaal were placed by Witwatersrand chemists who employed African correspondents to deal with respondents from each language group.[72] By the 1930s a remarkable seven-eighths of the advertising in vernacular newspapers was for postal medicines.[73] And during the 1940s a missionary in north Zululand found that 'by far the most important item sent through the parcel post to the district was these patent medicines'.[74]

An African readership was particularly likely to find these mail order advertisements attractive because indigenous healers customarily used restoratives and revivers as well as charms to bring about general well-being and good fortune.[75] Sometimes promotions were straightforward as in 'I have opened a chemist's shop at Mlazi. These medicines are native medicines, I treat all native ailments.'[76] Others promoted their products in a more distinctive way, as with a Durban advertisement that adopted traditional usage in focusing on culturally-related well-being and good fortune as essential to holistic health. The list of priced medicines included a group headed 'Medicines of Home Controlling' amongst which was 'For stoppage of evil spirits R[and] 10'. Also listed were medicines for 'Good Luck and finding Employment', 'Young Men to be Desired by Girls', and 'To open your brain at school and to pass school exams R12'. Assorted medicines included those for improving fertility and for casting spells.[77]

During the 1920s, the South African Union's Department of Public Health criticized the 'disgraceful practices' of certain pharmaceutical firms—largely but not entirely located in Natal—which promoted nostrums in advertisements and pamphlets in African languages. These set out 'marvellous remedies for diseases of the generative organs or for sexual impotence or sterility; some were claimed to yield a special odour or otherwise have remarkable effects in increasing sex attraction'. The authorities became concerned at the 'large sums' spent on medicaments like these, asserting that many 'were quite worthless', and were promoted by 'misleading and fraudulent advertisements'.[78] In 1934, the General Council of the United Transkeian Territories complained of the misleading nature of an increasing number of pamphlets from African herbalists flooding over its northern border from Natal. At about the same time, four European

[70] G. Callaway, *Sketches of Kafir Life* (Oxford, 1905), p. 93.
[71] UG 19-1936, *Proprietary Medicines*, paragraph 12, p. 11.
[72] Phillips, *Bantu*, p. 130.
[73] Hunter, *Reactions*, pp. 305-6; UG 22-1932, *Report of Native Economic Commission*, 1930–2, paragraph 947.
[74] B. G. M. Sundkler, *Bantu Prophets in South Africa* (London, 1948), p. 222.
[75] J. T. Brown, *Among the Bantu Nomads* (London, 1926), pp. 138–9.
[76] Campbell Library, Durban, KCM 55084 (b), file 3, G. V. Essery, 'Zulu Medicine' (1956/7), p. 5.
[77] Quoted in B. Tyrrell and P. Jurgens, *African Heritage* (Johannesburg, 1983), pp. 94–101.
[78] UG 49-1929, *Report of Department of Public Health, 1928–9*, p. 59; UG 43-1935, *Report of Department of Public Health, 1935*, p. 12.

chemists in Durban targeted Africans in the Transkei and Natal with advertisements for 'remedies' for impotence, with the result that as many as 90,000 pamphlets in African languages were seized from their premises.[79] Some later inroads into the mail order business were made when newspapers adopted a code of practice prohibiting certain advertisements, including those promising to procure women's miscarriages, treat tuberculosis, or cure sexually-transmitted diseases.[80] In 1952, a Proclamation by the Governor General prohibited advertisements of 'native' medicines alleged to procure wealth, success, immunity from 'witchcraft', as well as those advertising medicines that were obtained from animal or human parts.[81] The following year 100 bags of mail—containing information on African medicines and addressed to people in all parts of the Union—were seized at Durban Post Office.[82] But official attempts to stem the flow had only a minor impact, not least because genuine and bogus medicines continued to have strong consumer appeal.

That the medicine trade could pull in customers was shown by the wealth of an African medicine trader known as 'Dr' Alexander. Alexander had come from Lesotho to Durban, had become an *inyanga* or indigenous healer in 1928, and two years later had opened a 'House of Medicine' called 'I Kaya le Muti'. This Durban 'House of Medicine' sold both African medicines and patent medicines, but was given up in the mid-1930s in order to begin a herbal mail order business called 'Green Leaf Products'.[83] Herb selling was one of few trading openings for Africans, and Alexander was among the most successful black businessmen in employing 40 people in his mail order business.[84] His activities incurred legal penalties, including a prosecution under the 1952 Proclamation, when thousands of mail order pamphlets in English and African languages were impounded. These had promoted lung tonics, eye drops, healing ointment, vermifuges, as well as hair straighteners for women, and iron mixtures for men.[85] A sample from his 5000 medicines was exhibited in court when it was shown that prominent in their ingredients were treacle (to sweeten and make medicine palatable) and castor oil (to make a medicine attractively 'strong' through its laxative effects).

The Trade in Herbs and other Indigenous Remedies

Herbs were employed by different ethnic and racial groups. Anne Hutchins has documented the wide usage of a plant 'for similar ailments in different cultures'.[86] We have seen that Afrikaner farmers were dependent on herbal remedies, but this

[79] UG 19-1936, *Proprietary Medicines*, paragraph 12, p. 10.
[80] Letter from Secretary to Newspaper Press Union of South Africa, *South African Medical Journal*, 8 June 1946.
[81] *Government Gazette*, October 1952; *Star*, 24 November 1952.
[82] *Rand Daily Mail*, 1 November 1953.
[83] National Archives, Pretoria, GES 1788, 25/30M; Kwa Muhle Museum Durban, traditional medicine room.
[84] *Post*, 13 January 1963, 7 June 1959; L. Kuper, *An African Bourgeoisie* (New Haven, 1965), p. 267.
[85] Kuper, *Bourgeoisie*, pp. 290, 292; *Sunday Times*, 9 August 1953.
[86] A. Hutchins *et al.*, *Zulu Medicinal Plants. An Inventory* (Pietermaritzburg, 1996), p. 3.

was also the case in the smaller number of rural English households.[87] The coloured midwife or *oude tante*—who frequently looked after the birth of white babies—invariably carried herbal remedies to deal not only with obstetric needs, but common ailments as well.[88] And herbal medicines were central to African indigenous medicine whether used by professional herbalists or in household remedies.

This means that a herb trade had long existed, although it was seldom documented. David Gordon has argued that, during the seventeenth and eighteenth centuries, Cannaland in the Little Karoo was the location of a precious natural resource, *canna*, a plant that produced the trance-inducing qualities needed for Khoikhoi (San) healers to extract sickness or make rain. Narcotic plants were much prized in South Africa so that the Tswana obtained *canna* from the Khoikhoi, while the Xhosa on the east coast later exchanged coral and copper rings for cannabis.[89] And by the later eighteenth century the Khoikhoi around Swellendam were known to have harvested *aloe socotorina* to make gum aloes from its leaves, which they sold in Cape Town, with some then exported.[90] During the mid-nineteenth century, Dr W. G. Atherstone recorded medicinal herbal trading—again centred in the Karoo—when Basters (people of mixed white and Khoikhoi descent) traded *sceletium*. This was a painkiller used by Afrikaners to treat an adult's insomnia or a child's diarrhoea, while coloured people chewed it as a mild narcotic or intoxicant.[91] And herb trading had acquired sufficient importance by 1884 for the *South African Medical Journal* to refer to the herb dealer as the registered doctor's competitor.[92] At the beginning of the twentieth century, African hawkers from certain tribes in and around Zululand were recorded as being itinerant herb traders, selling the *indungula* plant (employed for fevers in winter, and to ward off lightning strikes in summer), and the *ikatazo* plant (whose root was used for colds).[93] By this time, itinerant Indian traders were becoming well established in the herbal medicine trade, while herb stalls could also be found by roadsides in the eastern Cape.[94] African traders from rural areas (predominantly women) continue to sell herbal medicines to urban consumers in open markets to the present day.[95]

[87] D. H. Varley and H. M. Matthews (eds), *The Cape Journals of Archdeacon N. J. Merriman* (Cape Town, 1957), p. 176.

[88] C. Searle, *The History of the Development of Nursing in South Africa, 1652–1960* (Pretoria, 1965), p. 99.

[89] Gordon, 'Rituals of Rapture', pp. 67–8, 72–3.

[90] F. Masson, 'An Account of Three Journeys from Cape Town into the Southern Parts of Africa', *Philosophical Transactions of the Royal Society*, 66 (1775), 287.

[91] N. Mathie, *Dr W. G. Atherstone, 1814–1898*, 3 vols, vol. II (Grahamstown, n.d), pp. 474–5; information in Kirstenbosch Botanical Garden Conservator; C. W. L. Pappe, *Florae Capensis Medicae Prodomus* (Cape Town, 1857), p. 17.

[92] *South African Medical Journal*, I (October 1884), 126.

[93] C. de B. Webb and J. B. Wright (eds), *The James Stuart Archive*, 4 vols, vol. II (Pietermaritzburg, 1979 and 1982), pp. 84, 281.

[94] C. van Onselen, *The Seed is Mine* (Oxford, 1997), pp. 93, 113, 186; Essery, 'Zulu Medicine', p. 5; Campbell Library, Laura Longmore Collection, KCM 98/8/21/24.

[95] V. Williams, 'Here, eat this root', *Arena*, (17 October 1998), 1–2.

Early advertisements indicate that chemists stocked herbal remedies as did the firm of G. E. Cook in King William's Town with its supply of 'native medicines'. Cook advertised the merits of Orsmond's 'Great African Remedy' prepared from 'Cape Roots', as a specific for fevers, a remedy for blood disorders, as unrivalled for female diseases, as well as helpful for a range of other ailments from dyspepsia to syphilis.[96] Cook saw this nostrum as appealing to both white and black customers, so he prepared a descriptive pamphlet in English, Dutch, German, and 'Kafir' (i.e. Xhosa). And the firm of Lennon was also quick to exploit the marketing potential of African herbs, as in their sales of *monsonia* as a cure for dysentery.[97] This formal trading of indigenous remedies—both natural and manufactured—continued. For example, during the 1950s, a white Transkei trader kept stock carefully selected to appeal to his local clientele, including '*tikoloshe* fat' (a pink liquid medicine manufactured in Johannesburg), as well as an oil called '*injayowawdle*' (dog of the sea) to massage into areas afflicted by lumbago. Also in the store's medicine cupboard were 'lumps of baboon dung to be mixed with water as a cure for a stomach-ache, [and] a small square of dried elephant's hide . . . priced at half a crown. You take it home and burn it in your hut and the smell, unsurprisingly, drives away evil spirits'. The trader had been brought up locally and so was well aware of his consumers' preferences in self-medication.

> If Jim Moroka comes in here to buy his blankets, his baccy and his mealie meal, he expects me to stock his shark's teeth and dried lizards as well. Jim's kraal is half way between my store and Mackenzie's place. If I don't stock what Jim thinks he needs, Mackenzie gets another customer.[98]

In the towns, African chemists or *muti* shops were an important source of herbal medicines, sold alongside over-the-counter patent and proprietary medicines. For example, J. Longwe Twala, from a dynasty of herbalists in the north of the Transvaal, came to practise in Johannesburg, and by 1931 was sufficiently successful to run two herb stores in Johannesburg as well as travel along the Reef to visit clients.[99] The herb trade targeted both the individual sufferer and the healer who supplied clients. A 1950s *muti* shop in Pretoria was described for white newspaper readers. It supplied 'most herbs we want' according to a local (presumably Sotho) healer. 'But, as we use nearly 500 different kinds, we have to go further afield for many of them. We buy most of our 30 or 40 kinds of animal fats from Bechuanaland, Basutoland, Southern Rhodesia, and Portuguese East Africa by mail order'. The journalist reported that 'Witchdoctors use bones of animals ranging from those of the elephant to the knee bones of duikers in their medicine bags. Mamba bones are considered an excellent headache cure in native circles and smelling a piece of grated and burnt elephant skin will chase away nightmares'.[100] A present-day study of three amayeza esiXhosa

[96] *Mossel Bay Advertiser,* 11 September 1888.
[97] Advertisement in *Domestic Monthly,* January 1899.
[98] J. B. Shepherd, *Land of the Tikoloshe* (London, 1955), pp. 9–11.
[99] T. D. M. Skota, *The African Yearly Register* (Johannesburg, 1931), p. 278.
[100] KCM 98/8/21/24.

stores in Peddie and King William's Town in the eastern Cape found them patronized by individual Xhosa consumers wishing to alleviate physical illnesses and also to treat culturally-related needs, such as to gain good luck, or success in love. However, local herbalists and diviners also bought their medicines and herbs to make up into specialist mixtures to sell on to clients, finding that purchasing herbs was more cost-effective than collecting their own plants.[101]

Historically, herbs were harvested from the local bush or from a garden, with the healer attaching importance to the location of the plant as well as the hour and season of harvesting, because this was related to the chemistry and potency of the medicinal plant needed for an individual client. But increasing urbanization has meant that itinerant traders, storekeepers and later mail order businesses, chemists, and informal traders have become larger-scale suppliers. The therapeutic implications of this commercialization are unclear, although traditional healers' associations are concerned to reduce some of the drawbacks of stored herbs, as in warehouse provision,[102] while there has been much discussion, and several practical developments, in the conservation of indigenous resources through self-sustaining herbal plots.[103]

Durban has long been the principal market in South Africa for herbs, drawing in supplies from as far north as Hluhluwe and as far south as Pondoland. By 1946, the extent of the Durban herbal medicine trade was such that 40–50 bags of *isibihaha* were sent by rail daily from Hluhluwe in north Zululand to Durban. This very popular herb was used for a range of disorders including coughs, colds, influenza, rheumatism, and headaches, as well as being considered as an antidote for sorcery. A continued growth in the commercial herb trade is shown by an increased number of Zululand and Natal suppliers from two in 1929 to more than a hundred registered traders by the end of the twentieth century. An economic survey in 1998 estimated that 14,000 people were involved in Durban's herbal supply chain, and that the trade was worth as much as 170 million Rands (over 15 million pounds).[104] Indeed two-fifths of the 1000 herbs used in Zulu medicine are available commercially.[105]

Evidence is lacking on the historical dynamics and full extent of the market in African medicines, although it seems likely that when communication was more difficult, herbal traffic had a more restricted geographical range, except for rare or much sought-after items. Today the main axis of traffic in African medicines is between Durban (the market for Zululand herbs) and Johannesburg (the regional southern African centre for indigenous medicinal products). Other herbal trading pathways also exist but are less visible. Sometimes these are linked to migrant routes, as is the case today between the Transkei and Cape Town,[106] and in

[101] Cocks and Dold, 'African Chemists', pp. 1505–15.
[102] Essery, 'Zulu Medicine', p. 5; Van Wyck *et al.*, *Medicinal Plants*, p. 14.
[103] For example, the conservation work of the South African National Biodiversity Institute and National Botanical Gardens (www.nbi.ac.za).
[104] *Business Report*, 17 October 2001.
[105] Kwa Muhle Museum traditional medicine room.
[106] 'Power of African Herbs Put to the Test', *Cape Argus*, 5 August 1998.

other cases to the provision of plants that grow only in a few areas, as when present-day healers from the Free State come to the Cape to find *boophane disticha*, a plant whose bulb provides a very useful dressing for wounds.[107] However, it is the exotic rather than the more mundane herbs that gain visibility. A colourful newspaper description of 1951 highlighted the wares sold in tiny shops in the Mai Mai indigenous medical market in Johannesburg:

> The exteriors [are] draped with everything from drying skins, feathers, gaping sharks jaws, lion teeth, monkey paws, to rotting anatomical interiors. Window boxes bristle with strange herbs, odd succulents and miscellaneous weeds. . . . The makeshift counters are strewn with twisted roots, strips of bark, horns, ostrich eggs, animal hair, porcupine quills, snake fangs, eagle heads, bird wings, baboon skulls . . . finding space for it all is ever a problem, so the 'doctor' devised a scheme of dangling his most potent wares from the roof and walls—crocodile feet, turtle shells, lizard, python, armadillo, crocodile and leguaaan (*sic*) skins.[108]

Reflections

This article has focused on the supply and demand for medicines used in self-medication and suggested the importance of regional diversity within an emerging national market. Itinerant traders and general stores in country areas conducted a sizeable business in patent medicines, while the facility of the urban chemist was extended into rural areas by mail order. Businesses were created to sell herbal and patent medicines, at first on a small scale by itinerant drug vendors, later on a larger one, by wholesale, retail, and postal businesses. In addition, a national market in herbs developed with the main axis going from Durban to Johannesburg. Not only were these varied medicines increasingly accessible but their prices were attractive, so that the cost of self-medication was cheaper than the fee of a 'western' or traditional doctor. The commercialization of medicine increased the range of medicaments available, producing a growing hybridity in self-medication as sufferers developed medical pluralism. Thus, although certain medical staples were perceived as part of cultural identity, there was considerable fluidity in sufferers' choices as, for example in the use by the Afrikaner of Khoikhoi remedies or the Africans' consumption of 'western' patent and proprietary medicines.

The medical consumer was likely to be less well informed about the selection on offer than with the purchase of other goods, and the effects of choices were less defined. Indeed, the process of self-medication could involve a paradoxical dynamic since, although it might empower sufferers through control of initial decision-making, the judgements made, if ill-conceived, might themselves make individuals less able to control their longer-term destiny because of diminished physical capacity. The efficacy of medications may have ranged from the helpful (particularly with proprietary medicines) to the harmless (with many patent medicines falling into this category). But there were medicines with

[107] Personal communication from Tania Anderson of the McGregor Museum, Kimberley.
[108] *Outspan*, 19 October 1951.

harmful side effects (as occurred with some opiate or alcohol-based patent medicines). Some herbal medicines had toxic side effects.[109] On the other side of the balance sheet, the positive placebo effect of even inert mixtures needs to be taken into account, since a medicine that made a sufferer feel psychologically better may well have aided a natural process of physical recovery. Culturally specific belief systems—such as Afrikaner confidence in Dutch remedies or African trust in indigenous medicine—would tend to reinforce any placebo effect.

Patent and proprietary remedies were also directed beyond real sickness. Advertisements effectively manufactured syndromes that branded wares, then promised to alleviate—such as impure blood, biliousness, or nervous exhaustion. Promotions were typically of a 'before and after' character, with promises that the listless and afflicted would be transformed into the vital, vigorous, and virile. In addition, suppliers targeted more general qualities to persuade customers that desirable attributes could be improved or undesirable ones eliminated. Advertisements might play on the reader's anxieties or low self-worth by referring to cultural ideals of 'beauty' that could be attained only by using the merchandise. Products to straighten hair, or lighten skin, fell into this category.[110] Much might be dismissed as harmful or fraudulent since objectively the 'remedies' might not deliver what they promised. Subjectively, however, the balance sheet may be harder to interpret; if a quality such as vitality was sufficiently indefinite, consumers might well convince themselves that they had purchased what the product assured them would be theirs, and perhaps then assume that attribute.

Also relevant is consideration of the counterfactual: how people would have fared without these patent, proprietary, and herbal medicines. In some instances, such as cases of TB before the 1950s, or various cancers, the alternative of clinical 'western' medicine was likely to have been no more effective therapeutically than self-medication. In other cases, self-medication would have harmed the sufferer since it postponed recourse to more efficacious treatments, as in delaying a visit to the clinic for treatment of sexually-transmitted diseases. But whether this option was theoretical or real in terms of actual historical resources needs to be factored into any cost–benefit analysis. The maldistribution of health resources—with extreme under-development of rural areas, and more particularly a severe neglect of remote regions with a dense concentration of Africans—meant that Africans were 'literally compelled to fall back on proprietary medicines when they fall ill', as even an official committee conceded.[111] Accessibility and affordability continue to be important, as was shown in the South African Department

[109] See, for example, a study of 57 plants used by Xhosa, Zulu, and Sotho healers in connection with childbirth, which found that 16, or more than a quarter, were toxic. See D. J. H. Veale, 'South African Traditional Herbel Medicines Used During Childbirth', *Journal of Ethnopharmacy*, 36 (1992), 185–91.

[110] In 1989 skin lightening lotions were made illegal on the grounds that they could cause disfigurement or cancer.

[111] UG 19-1936, *Report on Proprietary Medicines.*

of Health's recent restrictive regulation of dispensing by doctors, and its controversial pricing regulations for medicines in pharmacies.

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