

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

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

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

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

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

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

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

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

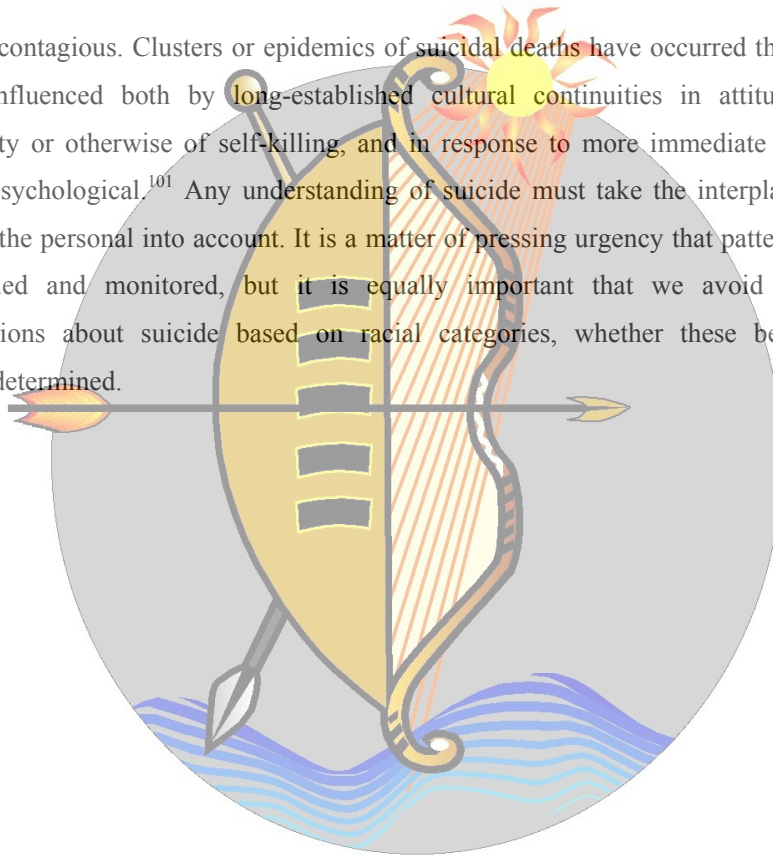
Conclusions

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

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

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

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



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