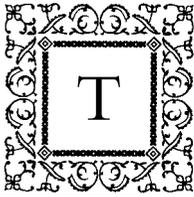


Plague in San Francisco: An Essay Review*

ROBERT BARDE

[Rieux] knew what those jubilant crowds did not know but could have learned from books: that the plague bacillus never dies or disappears for good; that it can lie dormant for years and years in furniture and linen-chests; that it bides its time in bedrooms, cellars, trunks, and bookshelves; and that perhaps the day would come when, for the bane and the enlightening of men, it would rouse up its rats again and send them forth to die in a happy city.

Albert Camus, *The Plague*



THUS ends Albert Camus's *The Plague*. Though an allegorical tale meant as political instruction, the novel conveys Rieux's sense of foreboding in a way that matters to medical history, too.

Some historians have been eager to apply presumed lessons from the past to the infectious outbreak du jour. As the SARS epidemic was playing out in early 2003, Iris Chang, author of *The Chinese in America: A Narrative History*,¹ wrote of its explicit connection with “the most severe example of medical panic transforming itself into racial prejudice”—the bubonic plague outbreaks in Honolulu in 1899 and in San Francisco the following year. “Suspicion of Chinese-Americans has waxed and waned over the twentieth century, but it has never completely gone away... [A major university's travel] ban on Asians isn't protection against the [SARS] virus—it is simply discrimination under a different name.”²

*MARILYN CHASE. *The Barbary Plague: The Black Death in Victorian San Francisco*. New York, Random House, 2003. 277 pp., illus. \$25.95. NAYAN SHAH. *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*. Berkeley, University of California Press, 2001. xiv, 334 pp., illus. \$19.95.

1. Iris Chang, *The Chinese in America: A Narrative History* (New York: Viking, 2003).

2. “Fear of SARS, Fear of Strangers,” *New York Times* op-ed page, 31 May 2003, A31.

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A bald recitation of the 1900 bubonic plague outbreak in San Francisco certainly has a contemporary ring: A communicable disease seems to originate in southern China, then crosses the Pacific to North America on the fastest transport of the day. Health officials in North America see it coming but think they can prevent its taking hold here. Immigrant communities are identified as the locus of infection. Political leaders in a major city object to travel advisories and quarantine as overreacting and bad for business. Public health measures and travel restrictions focus on Asians.

Of course, such a decontextualized description of an international disease's spread fits any number of "silent travelers"³ (the reader is free to choose her favorite), but it certainly applies to the bubonic plague outbreaks in San Francisco a century ago.

Bubonic plague came late to the United States, the outbreaks in question being the very first. In the early 1890s, the plague began spreading from a historic "reservoir" in southwest China, first to cities along China's coast, then along maritime trade routes emanating from Hong Kong and Canton. Given its fearsome association with the Black Death of late medieval Europe (more on this anon), news of its arrival in a given locality was of the gravest concern. When plague cases were definitively documented in Honolulu in 1899, the local authorities reacted by burning the houses of plague victims—who happened to be Chinese. The fire escaped their control and burned all of Chinatown.

Several months later, the plague arrived in San Francisco. Again the initial victims were Chinese. Again the health authorities reacted aggressively, attempting to isolate all the Chinese residents of Chinatown. This last distinction is important because application of the quarantine to Chinatown was clearly race-based, exempting the many whites who had business there. Local authorities' public denial of the existence of plague did not prevent them from pinpointing Chinatown as the focus of antiplague efforts.

This episode marked the first of what were really two eruptions of plague. The first, between 1900 and 1905, centered on Chinatown, both as the home of its victims and as the district where the remedies were applied. A second, distinct phase followed the 1906 earthquake

3. The reference is to Alan Kraut's *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (New York: Basic Books, 1994).

and fire. Widespread devastation, ruptured sewer and water lines, and suspension of refuse collection created an environment where rats and fleas multiplied freely, and plague reappeared. By this time, however, it was widely agreed that rats and their fleas were the indispensable agents of transmission, and though it took more than two years to control the rat population, success in doing so brought an end to the plague in San Francisco.

Why should a medical event that played out over nearly ten years, with at most 280 cases and 172 deaths (when “preventable diseases,” such as diphtheria, measles, scarlatina, and typhoid fever would claim more lives than that in a single year),⁴ continue to hold the attention of scholars and, to judge by the commercial success of Chase’s book, of the general public as well? The two recent and very different works by Chase and Shah provide accounts of the 1900–1909 epidemic of bubonic plague. These books are exemplars of a profusion of plague studies, part of our continuing fascination with the Black Death and its modern manifestations.

David Kipen, in reviewing Marilyn Chase’s somewhat breathless account of *The Barbary Plague* in the *San Francisco Chronicle* (23 March 2003), called this a “thoroughly forgotten incident.” It is anything but forgotten, having been thoroughly chronicled and analyzed over the years with varying levels of energy and sophistication.⁵

4. *Report of the Health Department of the City and County of San Francisco for the Fiscal Year Ending June 30, 1897* (San Francisco: Hinton Printing Company, 1897), pp. 164–165.

5. Even a partial bibliography on the San Francisco plague would necessarily include: W. H. Kellogg, “Present Status of Plague, with Historical Review,” *Am. J. Public Health*, 1920, 10, 835–844; Leonard Fabian Hearst, *The Conquest of Plague; A Study of the Evolution of Epidemiology* (Oxford: Clarendon Press, 1953); Vernon Link, *A History of Plague in the United States* (Washington, D.C.: U.S. Government Printing Office, 1955); Philip Kalisch, “The Black Death in Chinatown: Plague and Politics in San Francisco, 1900–1904,” *Arizona and the West*, Summer, 1972, 14, 113–136; Loren George Lipson, “Plague in San Francisco in 1900: The United States Marine Hospital Service Commission to Study the Existence of Plague in San Francisco,” *Ann. Intern. Med.*, 1972, 77, 303–310; Guenter Risse, “‘A Long Pull, A Strong Pull, and All Together’: San Francisco and Bubonic Plague, 1907–1908,” *Bull. Hist. Med.*, 1992, 66, 260–286; Guenter Risse, “The Politics of Fear: Bubonic Plague in San Francisco, California, 1900,” in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health*, ed. Linda Bryder and Derek Dow (Auckland, NZ: Pyramid Press, 1995); Charles McClain, *In Search of Equality: The Chinese Struggle against Discrimination in Nineteenth-Century America* (Berkeley: University of California Press, 1994), especially his chapter “Medicine, Race, and the Law: The Bubonic Plague Outbreak of 1900.” In the interest of full disclosure, an article of mine has appeared in this journal: “Prelude to the Plague: Public Health and Politics at America’s Pacific Gateway, 1899,” *J. Hist. Med. Allied Sci.*, 2003, 58, 153–186.

Readers with even a passing familiarity with this voluminous literature will find little new in *The Barbary Plague*.

True to her background as a medical reporter for the *Wall Street Journal*, Chase gives us an old-fashioned blow-by-blow account, largely from the viewpoint of the federal public health authorities (then known as the Marine Hospital Service and now the Public Health Service). The primary contribution of *The Barbary Plague* comes from the extensive use Chase makes of the papers of the two principal federal characters in this drama: Joseph Kinyoun and Rupert Blue.

Kinyoun arrived in San Francisco in April 1899, exiled from Washington to take charge of the federal Quarantine Station on Angel Island (before the establishment of an Immigration Station on the same island). History has not been kind to Kinyoun for his role in trying to stamp out the first plague eruption in Chinatown. He has, however, been lionized as the founder and first director (1889–99) of the National Hygienic Laboratory, the direct ancestor of the National Institutes of Health. Curiously, Chase does not mention that Kinyoun and Dr. Milton Rosenau virtually exchanged jobs, the latter having performed brilliant feats of medical diplomacy while on Angel Island before serving ten years as director of the Hygienic Laboratory.

Blue was sent out to clean up the political and medical messes resulting from Kinyoun's heavy-handed dealings with the San Franciscans. Over time he was able to win the confidence of the city's white and Asian inhabitants for basic public health measures to combat the plague: prompt reporting of new cases, "rat-proofing" the city and its waterfront, and destruction of the rat populations. He was rewarded, in 1912, by being named surgeon general.

Chase's narrative adopts "the great man in history" approach: if these two men defined this historical event and were responsible for its major twists and turns, then we want to know everything about them. We are given family histories, details of courtship and education, and the reactions of these two very different men to being far from Washington with spouses and domestic difficulties. Unfortunately, the deluge of details and a focus largely restricted to these two individuals swamp any effort at analysis. Chase could have combined her medical hagiography with insights into the dynamics of San Francisco politics (from Risse), with some sense of the Chinese as actors, rather than mere victims (as Charles McClain has done so

admirably), or with some serious comparisons with epidemics in other contemporary locales. A commendable model for the latter is Howard Markel's study of the New York typhus and cholera epidemics of 1892.⁶ A reader hungry for meaning in Chase's reportage will find little.

Nayan Shah's *Contagious Divides*, favorably reviewed by Alexandra Lord in this journal in October 2002, provides analysis and interpretation aplenty. He has mined the existing literature on the San Francisco plague, reading it through a postmodern/postcolonial/cultural studies perspective. This approach is especially evident in his chapter on the San Francisco plague outbreak, "Plague and the Commercial City." Shah examines the same set of events as Chase, but he does so with a purpose beyond reporting a good story.

What is most admirable in this substantial piece of scholarship is how Shah is able to tie the San Francisco plague event to so many other phenomena of the time: the social construction of race and citizenship, the overlap between the politics of public health and the politics of immigration, changing conceptions of the body and how it should be regulated (or not). *Contagious Divides* well deserves the many favorable reviews it has received.

But a serious epistemological problem leaves one uncomfortable with the rock-solid assurance that Shah projects: How can we be so certain that we know what motivates historical actors? Shah assumes generic class- or race-based motivations: Wealthy merchants in San Francisco (white or Asian) acted *qua* wealthy merchants interested in preserving their commercial interests. Such assumptions are so seemingly self-evident that no evidence is marshaled to support them. Might not such persons have had an equally compelling, self-interested motive in wanting to shield their own bodies from the plague itself? Shah also assumes that the "workers" and "merchants" reacted differently to public health measures, but was that categorically true? San Francisco's Chinatown economy was a constellation of small businesses of many types, with owner-workers galore.⁷ How did they react, and why? What did they know, or think they knew,

6. Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: Johns Hopkins University Press, 1999).

7. Vincent Y. Chin at the National Archives, San Bruno, is currently assembling a database of Chinese businesses and partnership records that will help us better understand the structure of the economy of San Francisco's Chinatown and, indeed, of Chinese businesses in the West.

about the plague? How was information transmitted within the Chinese community? How did people decide to resist, or to accommodate, the public health authorities? And how might we know any of this?

Shah's plague chapter (and others) would have been more persuasive had he given us a closer reading of more of the local Chinese press. Translations of occasional articles from a single source are not enough. "A careful reading of Chinese of rumors described in the official accounts and (white?) newspaper reports" will not do. Reference to—or collaboration with—Yumei Sun, author of a doctoral dissertation on the Chinese press in San Francisco, might have helped.⁸

Both Kinyoun and Blue left voluminous writings on their stints in the plague wars and, in the latter's case, about his views on medicine and public health. Shah's assumptions about what Kinyoun and Blue thought they were doing might have been better informed had he equaled Chase's diligence in tracking down these sources.

How did people make decisions about public health? How did they form their opinions of the healthiness of others? Not wanting to give racism a good name, I would nonetheless suggest that the selection of materials supporting the claim that Chinese were seen as a particularly, and innately, unhealthy group is unnecessarily one-sided. Not only are some of the most scurrilous sources relied on, but those that were clearly pro-Chinese are neglected (spectacularly, Otis Gibson's 1877 *The Chinese in America/T'ong Yán Choi Kum Shán*). Shah produces juicy anti-Chinese citations from *The Medico-Literary Journal* of Mary Sawtelle, but this was a journal that lasted a mere three years; did anyone pay attention to it?

One is struck by the absence of data in these chapters to substantiate claims about the state of health of San Francisco's Chinese population. San Francisco health authorities assiduously (or, as Shah would have it, "obsessively") collected data on the health of the city's inhabitants. This activity was not part of what Shah sees as a pervasive effort to "regulate" certain populations, but rather part of the expanding "numeracy" in the United States and the notion, best exemplified by Carroll Wright and the Bureau of Labor Statistics,

8. Yumei Sun, *From Isolation to Participation: Chung Sai Yat Po [China West Daily] and San Francisco's Chinatown, 1900–1920* (Ph.D. Diss., University of Maryland, College Park, 1999).

that progressive social and labor legislation should be informed by data about the classes it was supposed to benefit. The San Francisco data showed that overall mortality rates for “Mongolians” (as Asians were frequently referred to at the time) were about 15 percent higher than those of whites. If the differences in population structure were factored in—infant and child mortality were a significant proportion of all deaths, but there were few children in the “bachelor society” of Chinatown—the difference would rise to perhaps 50 percent.⁹ It would have been interesting had Shah dealt with this discrepancy.

A provocative addition to the “plague industry” is Samuel Cohn’s “The Black Death: End of a Paradigm.”¹⁰ Cohn asks the intriguing question: Was the disease that appeared in San Francisco the same as the Black Death of fourteenth-century Europe? It is generally assumed that it was, and the long, well-documented historiography of the devastation caused by the Black Death and its echoes undoubtedly contributed to the heavy-handed reaction of the public health officials in San Francisco.¹¹ But Cohn has reread the documentary evidence and now questions this assumption.

Cohn offers three reasons why we might think that the Black Death (late medieval and Renaissance) and the San Francisco (modern) plagues were not the same disease: Medieval populations seemed to develop some sort of progressive immunity to the disease as each infestation wore on; modern outbreaks have been somewhat sparing of infants and children; and the speed at which the medieval infections spread was much higher than the modern version. The differences in the cultural and political consequences from one period to the other, Cohn implies, might be attributable in part to the fact that not all of the “bubonic plagues” were the work of *Yersinia pestis*.

In a section that inadvertently touches on Cohn’s speed-of-spread argument, Chase contends that the severity of the San Francisco outbreak was mitigated by the vagaries of flea physiology (pp. 189–91).

9. *Report of the Health Department of the City and County of San Francisco for the Fiscal Year Ending June 30, 1897*, especially “Table III, Estimate population, deaths and death rate of San Francisco for twenty-five years” (p. 23), and “Table VII, Estimated population, deaths and death rate of San Francisco for 25 years (Mongolian),” p. 148.

10. Samuel K. Cohn, Jr., “The Black Death: End of a Paradigm,” *Am. Hist. Rev.*, 2002, 107, 703–738.

11. Markel, in *Quarantine!*, has an excellent section dealing with the “quarantine mentality” accompanying medical panic.

Chase reports that the most common rat flea in San Francisco was *Nosopsyllus fasciatus*, distinct from the Asiatic/Indian rat flea *Xenopsylla cheopis*, found in China. (Chase confuses these with human fleas—genus *Pulex*—and uses the archaic terms *Pulex cheopis* and *Certaophyllus fasciatus* rather than the modern terms for the Asiatic/Indian rat flea and the northern/European variety, respectively.) She makes the assertion—which seems to be original to her—that San Francisco was spared due to differences in digestive systems that made *fasciatus* a less effective transmitter of plague bacteria. Like her contention that a single, identifiable ship (the steamer *Australia*) brought the plague to San Francisco, this verdict, too, must remain “not proven.”

A remaining puzzle is the possibility that the San Francisco plague did not come from Asia at all, but from a plague reservoir in North American rodents like the ground squirrels. As a zoonosis, plague rarely crosses from rodent populations into human ones, which is why *Y. pestis* may have persisted over such a long period of time, with epidemic eruptions in human populations every few hundred years. If we don't know for certain that what erupted in San Francisco was the Black Death, can we be sure of its origins?

As this essay is being written, the latest international “plague” is playing out. SARS has spread from China to North America, aided by incompetence and denial at the source and abetted by overreaction outside the epicenter (not least at my own university) followed by hasty declarations of victory. The SARS outbreak follows West Nile fever and AIDS, among others, in the long list of third world to first world disease migrations. Perhaps it is this context that gives “plague studies” their particular resonance.