



OXFORD JOURNALS
OXFORD UNIVERSITY PRESS

The Past and Present Society

The Epidemic of Pneumonic Plague in Manchuria 1910-1911

Author(s): Mark Gamsa

Source: *Past & Present*, No. 190 (Feb., 2006), pp. 147-183

Published by: [Oxford University Press](#) on behalf of [The Past and Present Society](#)

Stable URL: <http://www.jstor.org/stable/3600890>

Accessed: 16/03/2014 17:11

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at
<http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



Oxford University Press and The Past and Present Society are collaborating with JSTOR to digitize, preserve and extend access to *Past & Present*.

<http://www.jstor.org>

THE EPIDEMIC OF PNEUMONIC PLAGUE IN MANCHURIA 1910–1911

Of the three forms of plague known to affect man, the most common bubonic variety (taking its name from the swollen ‘buboes’ that develop on the patient’s body) is carried by fleas from rodents to humans, but does not otherwise pass from person to person; before these facts were established by bacteriological science and before the emergence of antibiotics, this plague, most famously associated with the fourteenth-century Black Death, proved lethal for about 60 per cent of its victims. Swift to spread through an infected organism, and potentially fatal even with modern medical intervention, septicaemic plague (in which bacteria penetrate the blood system) would count as the most dangerous form were it to constitute an epidemic in itself, rather than a complication liable to accompany the bubonic or the pneumonic kind. That last, an extreme type of lung infection, highly contagious and still impossible to cure unless identified within the first twenty-four hours, is the rarest as well as the deadliest form of a plague epidemic. The Manchurian outbreak in the autumn of 1910 was the worst such epidemic in recorded history.

The first manifestation of the plague was in Chinese territory in the vicinity of Manzhouli (now Inner Mongolia; then Heilongjiang province), a station of the Chinese Eastern Railway bordering on the Russian Transbaikalian District. Begun in 1898 and fully operating since 1903, the CER was laid out by Russia as the last leg of the Trans-Siberian. Trains bound from Chita to Vladivostok entered China in Manzhouli and left it in Suifenhe (now Heilongjiang province); at a spot roughly two-thirds of the route due east, on the site of a small village in the territory of the then Jilin province, the city of Harbin was founded in 1898 as headquarters of the CER and was governed by a Russian administration until after the October Revolution.

The first part of this article describes the course and aftermath of the epidemic. The second suggests an interpretation of the events that differs from previous studies, which have mostly been interested in the plague as a catalyst for the introduction of Western medicine into China. The third then examines the

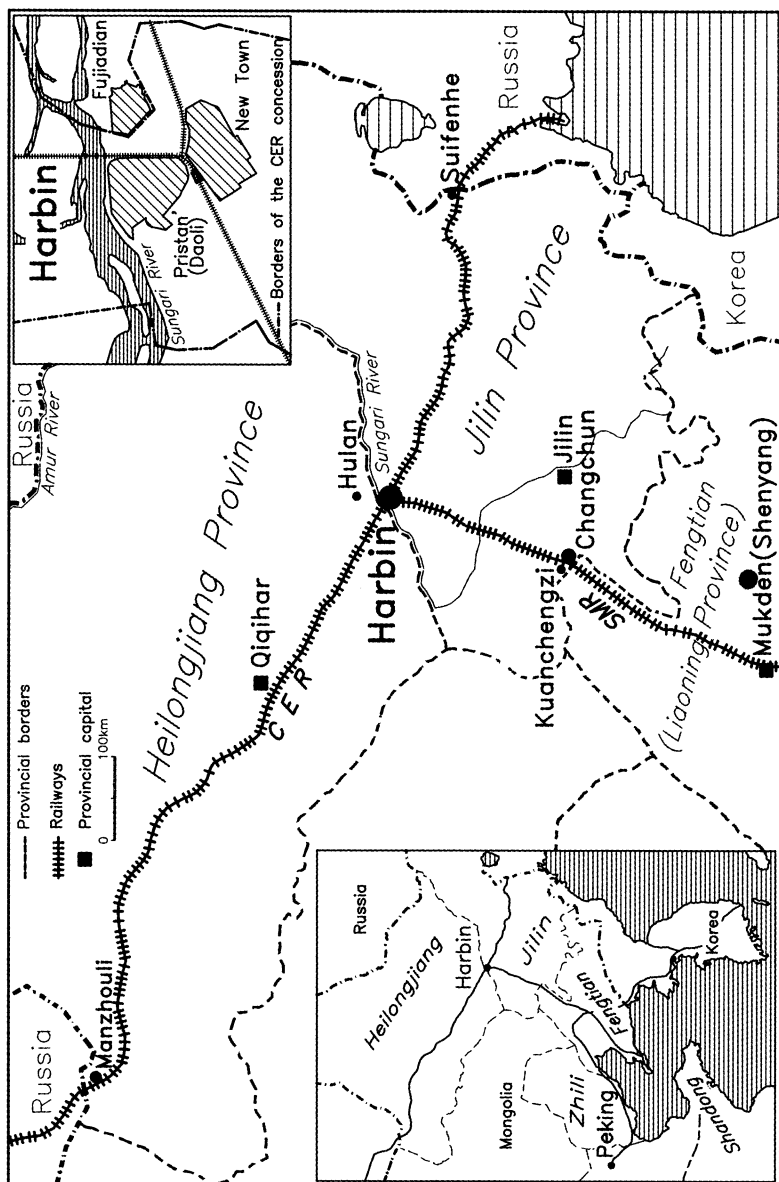
earlier scholarship on the plague in English and the current literature in Russian and Chinese. Finally, the last part analyses contemporary research on epidemics in late colonial Asia from a historiographical perspective; after considering the merits and disadvantages of the relativist approach now prevailing in the field, it argues for a humanist alternative.

I

PLAGUE

From plague-infested Manzhouli, the sick escaped south with all the speed that railway travel could provide. Deaths soon began to occur in Fujiadian, the Chinese town which owed its disproportionate growth to the promise that employment in the foreign-dominated city held for thousands of migrant workers from the villages of North China. It was, however, the discovery of a first plague case on a Harbin street, on 27 October, that stung the Russian authorities into action. An improvised plague hospital was made ready in record time, and an observation point for plague suspects was established in the so-called Moscow barracks outside Harbin. Fujiadian was the seat of Binjiang prefecture; under the jurisdiction of the Jilin governor, and ultimately subordinate to the viceroy (governor-general) of Manchuria, it did not belong to the CER zone, the Russian concession that by 1911 measured 257 square miles in all, on both sides of the railway line from Manzhouli to Suifenhe and southwards from Harbin to Changchun. The Russian demand to take up the anti-plague work there was turned down by Fujiadian's influential Chamber of Commerce (established 1907), as were, up to late December 1910, subsequent Russian proposals (conveyed through the mediation of the circuit intendant of North-West Jilin) to allow Russian doctors to inspect the plague situation in Fujiadian, or failing this to guarantee that the Chinese town would embark on its own upon the course of Western preventive measures.

Situated just beyond the railway, within walking distance from central Harbin, Fujiadian was also known as Daowai ('outside the track'), which is still the name of this part of the Harbin metropolis today. Its strictly Chinese inhabitants consisted of a nucleus of merchants and entrepreneurs and an exclusively male majority of seasonal labourers, who used it as their base for



MANCHURIA AND HARBIN IN 1910

daily commuting to the city. Harbin itself had a large Chinese population, chiefly in the commercial quarter of town located directly to the west of Fujiadian and flanked by the Sungari (Songhua) river on the north. It was called Pristan' ('the wharf') by the Russians, and Daoli ('within the track') by the Chinese. The sanitary conditions in which most of the Chinese lived in Daoli fell far below the living standards of Russian Harbin, but dirt, poverty and malnutrition were even worse in Fujiadian.

From early on it became clear that for those who had already contracted the disease no cure was available: mortality in the previously unfamiliar pneumonic plague proved to be one hundred per cent. Everyone known or suspected to have been in contact with a sick person was to be taken into a five-day quarantine, long enough for the plague symptoms to be revealed, for death usually came on the second or third day following the infection. With the exponential growth of the population to whom such treatment had to be applied, rows of railway wagons were pulled together and thousands of plague suspects and 'contacts', almost without exception Chinese, were locked in. Thus, in houses where a patient or a corpse had been discovered, all inhabitants that could be detained by the Russian police were taken in, and their apartments sealed.¹

The Russian demand for an active role in the campaign against the plague in Fujiadian had only been met to the extent that a single Russian doctor was permitted to begin work in the Fujiadian hospital and serve as an adviser to his Chinese colleagues, as well as provide liaison with the Harbin administration.² The doctor was Roger Budberg-Boenninghausen

¹ An insider's perspective on the formation of a strategy to confront the epidemic is provided by the diary of Roman A. von Arnold (1871–1930), the Harbin Chief of Police from 1907 to 1917 and member of the town's Chief Sanitary Committee. Von Arnold conceded that expediency, rather than quality, was the hallmark of the plague hospital, which together with the attached railway wagons could accommodate up to five thousand persons. 'A plague hospital is a three- or four-day transportation point to a better world. Why then bother with comfort? . . . The main thing to keep in mind is that the sick and the suspects consist exclusively of the Chinese poor, for whom even the most modest barracks and wagons are luxury in comparison to their usual lodgings'. Diary of 1910–11 (unpaginated; my translation from the Russian), Antonina R. von Arnold Papers, Hoover Institution Archives, Stanford.

² The Harbin *Yuandong bao* reported on 20 November 1910 that Doctor Bu (Bu *daifu*) had made his first inspection tour of Fujiadian on the previous day, accompanied by head of the CER department of Chinese affairs, Evgenii Daniel.

(cont. on p. 151)

(1867–1926), a Baltic German baron and self-taught Sinologist, the only Russian national in Harbin to marry a Chinese woman and to immerse himself in Chinese society. His long-forgotten memoir of Harbin's plague years, *Bilder aus der Zeit der Lungenpest-Epidemien in der Mandschurei, 1910/11 und 1921*, undoubtedly the most important book to emerge from the Russian–Chinese encounter in Manchuria, is introduced in this article. Dr Budberg remained the only Russian physician in Fujiadian for the duration of two months, whereupon he tendered his resignation. By that time both governments had delegated to Harbin the experts whom they regarded as most capable of handling the deteriorating situation: the Ukrainian epidemiologist Professor Danilo Zabolotnyi (1866–1929) arrived from St Petersburg, while the Chinese Ministry of Foreign Affairs enlisted the services of a Malayan-born British subject and graduate of Emmanuel College, Cambridge, Dr Wu Liande (Wu Lien Teh, alias G. L. Tuck, 1879–1960). Neither side being able to offer a cure for the disease, both applied themselves ever more vigorously to prevention measures, while carrying out independent laboratory work to determine the causes of the epidemic and the means by which infection was passed. Both also had a mandate to do whatever they deemed fit in Manchuria so long as the epidemic was contained within the region rather than spread into Russia and metropolitan China; from the Chinese government's perspective, failure to put a quick end to the plague would spell a loss of international prestige and likely intervention by the foreign powers.

A growing degree of co-operation was reached on the ground, as the Russian medical organization learned that it could sooner find a common language with the foreign-trained Chinese doctors who followed Wu Liande than with the original Jilin administrators.³ Russian Harbin was divided into quarters with restricted passage between them, and Wu employed the

(n. 2 cont.)

Referring to the segregation of Chinese pupils from the Russians in Harbin's No. 2 primary school, the same paper stated on 24 November that 'the Fujiadian physician Budberg' would soon be paying home calls to the Chinese families affected by this decision. The *Yuandong bao* (1906–21) was Harbin's first Chinese daily; published as an organ of the CER under a Russian editor it echoed the railway's policy, but remains an indispensable source of information.

³ These were replaced by government decision in late January, officially for 'failure to put down the plague'. The zealotry of their successors can be understood in the light of this precedent.

same strategy in Fujiadian. Two days after a Russian military cordon had isolated Harbin from the neighbouring Chinese town, a Chinese police force established its own cordon around Fujiadian.⁴ More than a thousand soldiers, detailed from Changchun, took over the cordon in January, replacing the six hundred policemen who were now charged with the enforcement of quarantine and protection of the Chinese doctors.⁵ In negotiations held in Harbin, the Chinese magistrates asked for and received additional CER wagons for quarantine needs.⁶ After spending five to seven days in the wagons, Chinese beggars, the homeless and the unemployed were banished from the Harbin area. In Harbin itself a large-scale burning took place: of houses which had lodged plague victims or whose inhabitants had been removed for observation, as well as of the dead themselves, whose bodies had been thrown into plague pits. By springtime the epidemic had run its course, though under the melting snow corpses that had been hidden or hastily disposed of in the winter months were coming to the light of day.⁷

Complex political interests of Russia, China and Japan (which had been mounting its own fight against the plague in the territory it controlled in South Manchuria),⁸ as well as the

⁴ See Ivan L. Martinevskii and Henri Mollaret, *Epidemiia chumy v Man'chzhurii v 1910–1911 gg. (geroicheskii podvig russkikh i frantsuzskikh vrachei v bor'be s nei)* [The Plague Epidemic in Manchuria, 1910–1911 (Heroism of Russian and French Physicians in the Fight against It)] (Moscow, 1971), 88–9.

⁵ Richard P. Strong (ed.), *Report of the International Plague Conference held at Mukden, April 1911* (Manila, 1912), 465.

⁶ *Yuandong bao*, 12 Jan. 1911.

⁷ The epidemic ended, in early March 1911, as suddenly as it had begun. Then as now, there is no ready explanation: preventive work had probably contributed its share to the plague's disappearance, which could also have been due to meteorological factors decreasing the virulence of the bacteria.

⁸ The plague had only a limited effect in the Japanese-owned South Manchuria Railway zone (107 square miles in all, on both sides of the track) and the Guangdong Leased Territory (1,336 square miles in the southern part of Liaodong peninsula), acquired by Japan at the end of the Russo-Japanese War in 1905. That the highest mortality registered in Dairen (Dalian) amounted to sixty-six deaths could have been due to the imposition of a war-like regime, including the discrimination and expulsion of lower-class Chinese. See Strong (ed.), *Report of the International Plague Conference*, 33, 253–6, for data delivered by the SMR head physician. Dr Lancelin, 'La Peste de Mandchourie: sa prophylaxie', *Archives de médecine et pharmacie navales*, xcvi (Nov. 1912), includes a summary of the Japanese prevention measures. On Japanese medicine in this region, see, most recently, Robert J. Perrins, 'Doctors, Disease and Development: Engineering Colonial Public Health in Southern Manchuria, 1905–1926', in Morris Low (ed.), *Building a Modern Japan: Science, Technology, and Medicine in the Meiji Era and Beyond* (Basingstoke, 2005).

race for scientific laurels, culminated in April 1911 at the famous Mukden conference. Also known as the 'assembly of ten thousand nations' (*wanguo hui*), this first medical conference in modern Chinese history was held only months before the collapse of the Qing dynasty. Dr Wu Liande, the plague fighter and first physician to introduce cremation and autopsy into Chinese medical practice, chaired the carefully choreographed event.⁹ He went on to a brilliant career at the head of the Manchurian Plague Prevention Service, which upon the conference's recommendation was established later in the same year.¹⁰ A key role was also played by D. K. Zabolotnyi, head of the Russian delegation, who presented to the conference his theory on the tarbagan (Siberian marmot) as the carrier of pneumonic plague. The conference's host in Mukden (present-day Shenyang), the Mongol viceroy of Manchuria Xi Liang, opened the proceedings with a much-publicized statement to the effect that Western medicine, like railways 'and other modern inventions', was a prerequisite for China's progress.¹¹ His address, made in classical Chinese, was followed by another in excellent English, as the Cornell University graduate and Imperial Commissioner to the conference Sao Ke Alfred Sze outlined the Chinese government's expectations.¹² It appeared that never before had scientific collaboration for a

⁹ The luxurious surroundings and impressive entertainment programme are vividly evoked in a pamphlet by the French delegate, one of the very few foreign participants to have also seen plague-stricken Harbin and Fujiadian: Charles Broquet, *La Conférence de la peste, à Moukden (avril 1911)* (Cahors, 1914): 'fonds Charles Broquet', Institut Pasteur (Service des Archives), Paris.

¹⁰ Wu Liande became President of the China Medical Association in 1916, serving in this capacity until 1920. In Shanghai, from 1931 to the Japanese occupation in 1937, he directed the National Quarantine Service. A full listing of other achievements and awards is provided by Wu himself in Wu Lien-Teh, *Plague Fighter: The Autobiography of a Modern Chinese Physician* (Cambridge, 1959). High honours were also in store for the Western delegates. When D. K. Zabolotnyi died in 1929 he was President of the Ukrainian Academy of Sciences. The rise to fame of the chief American delegate Richard Strong is documented by Eli Chernin, 'Richard Pearson Strong and the Manchurian Epidemic of Pneumonic Plague, 1910-1911', *Jl History of Medicine and Allied Sciences*, xlv, 3 (1989).

¹¹ Strong (ed.), *Report of the International Plague Conference*, 4-5. Cf. Carl F. Nathan, 'The Acceptance of Western Medicine in Early 20th Century China: The Story of the North Manchurian Plague Prevention Service', in John Z. Bowers and Elizabeth F. Purcell (eds.), *Medicine and Society in China* (New York, 1974), 59, 72.

¹² 'No doubt some of you gentlemen from your previous experience will be able to help us with useful advice as to what methods are best for quarantining large bodies of the irresponsible coolie class': Strong (ed.), *Report of the International Plague Conference*, 6.

humanitarian cause been as successful in bridging the divide between conflicting perceptions of medical care.

Yet the assembly of ten thousand nations left many voices unheard. The Harbin doctors, who had fought the epidemic before Zabolotnyi's arrival and who continued under his orders as the plague went on, were barred from attending the conference. Zabolotnyi was probably carrying out the will of the Foreign Ministry in St Petersburg, determined to prevent any false tunes from marring the performance of the Russian delegation, but it is also likely that the ambitious epidemiologist did not wish rival theories about the plague, let alone criticism of the anti-plague measures, to be aired from within the Russian camp.

A much more ominous absence in Mukden was the voice of the plague's victims. Estimates of the number of people who lost their lives in the epidemic (more than half of them in Jilin province) range from 42,000 to 60,000.¹³ Between seven and eight thousand of these deaths occurred in Fujiadian, amounting to about a third of the Chinese town's population.¹⁴ Out of a total population in Harbin of approximately 30,000 (including more than 10,000 Chinese), about 1,500 people died; only forty of these were Europeans, of whom thirty-one belonged to the medical staff.¹⁵ 'The poor man's death', as plague was known in medieval Europe, could well be applied to

¹³ Carney T. Fisher, 'Bubonic Plague in Modern China: An Overview', *Jl Oriental Soc. Australia*, xxvii–xxviii (1995–6), 98, compares the varying data. The highest figure of sixty thousand dead is put forward by Wu Liande: see his *Plague Fighter*, 33.

¹⁴ Emmanuil P. Khmara-Borshchevskii (ed.), *Chumnye epidemii na Dal'nem Vostoke i protivochumnye meropriiatiia Upravleniia Kitaiskoi Vostochnoi zheleznnoi dorogi* [Plague Epidemics in the Far East and Anti-Plague Measures by the CER Administration] (Harbin, 1912), 257, considered 'upwards of 6,000' the most conservative estimate. According to *Yuandong bao* of 22 March 1911, 7,214 deaths had been registered in Fujiadian by that time, a figure to which Guo Yunshen, 'Haerbin 1910–1911 nian de da shuyi' [The Great Plague Epidemic in Harbin, 1910–1911], *Heilongjiang shizhi*, no. 5 (1996), 47–8, would add about a thousand unreported cases. Guo also puts at 18,597 the number of Fujiadian's residents on the eve of the epidemic: estimates as high as twice this figure have been suggested, reflecting a state of unregulated labour migration into Harbin's Chinese satellite. A rough total of twenty-five thousand residents seems the more plausible among these educated guesses.

¹⁵ On the European victims, see Khmara-Borshchevskii (ed.), *Chumnye epidemii na Dal'nem Vostoke*, 375. *Ibid.*, table 8 puts the number of Chinese resident in the Harbin's Wharf (Daoli) area at 10,548. The total number of casualties in Harbin is 1,556, as given by R. K. I. Quesed, 'Matey' Imperialists? *The Tsarist Russians in Manchuria, 1895–1917* (Hong Kong, 1982), 199, on the basis of consular reports. Broquet, *La Conférence de la peste*, 18–19, cites a total of 1,469 dead in Harbin, 291 of

(cont. on p. 155)

the epidemic that ravaged North-East China: in their 'exposure to death' coolies and beggars ranked first, the wealthy and the foreigners last. Hovels with no sanitary facilities, where windows were kept shut throughout the long Manchurian winter, and the coal-heated *kang* (a raised brick and mud bed) was shared at night by men who had spent their days in hard physical labour, became the natural breeding grounds of infection. However, as we shall see, these circumstances by themselves are still not enough to explain why, in a large ethnically mixed city and the location worst hit by the epidemic in Manchuria, plague did not cross over racial lines.

If the plague's victims were largely irrelevant at Mukden, it was in part because the epidemic had left far more bereaved relatives in Shandong and Zhili (now Hebei) provinces than in the territory that made up Manchuria — today's Heilongjiang, Jilin and Liaoning, and the eastern part of Inner Mongolia. While settlers' hamlets were wiped out by the plague all over the Manchurian countryside, the majority of the dead in Harbin were workers who either commuted to their native villages every year, or (if already established in the North East) had yet to bring their families to join them.¹⁶ The expendability of the victims in the eyes of Chinese government officials reflected an age-old attitude of the state towards the lowliest elements of Chinese society, as well as the cheapness of human life in the China of the late nineteenth and the twentieth century, when untold numbers perished in droughts and floods, and in such man-made disasters as wars and sectarian rebellions.¹⁷

(n. 15 cont.)

them belonging to the extended sanitary personnel of 2,885 policemen, firemen, coolies and soldiers. Three doctors were among the heavy losses suffered by the medical staff: the Frenchman Gérard Mesny (delegated by the Imperial Medical College in Tientsin, where at his death he would be replaced by the physician and writer Victor Segalen); Maria A. Lebedeva, a graduate of Geneva University who had joined the fight against the plague while passing through Harbin en route to Vladivostok; and Vladimir M. Michel, who had headed a team of student volunteers from the University of Tomsk. A British missionary doctor, Arthur F. Jackson, died of the plague in Mukden.

¹⁶ Roger Baron Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien in der Mandchurei, 1910/11 und 1921* (Hamburg, 1923), 51, says that Chinese patients did not wish their relatives to be informed of the cause of their death. Because migrants considered the plague a shameful disease, some households in Shandong probably never found out what had prevented the son's or brother's return from Manchuria.

¹⁷ Cf. Diana Lary and Stephen MacKinnon (eds.), *Scars of War: The Impact of Warfare on Modern China* (Vancouver and Toronto, 2001), editors' 'Introduction', 6.

The Shandong peasants, propelled to migrate by the effects of just such events, were streaming to Manchuria to earn money for the families they had left at home. This mission was seen as all-important, enough to justify any amount of suffering that the migrants had to bear; endurance in hardship (*chiku nailao*) was their cardinal value. It is because migrants were determined to live as cheaply as possible, so that they could remit the income to their families, that Fujiadian looked as it did. By seeking accommodation with other fellow villagers, newly arrived migrants perpetuated the crowded lodging conditions.¹⁸

Migrants encountering a natural disaster normally headed back to their homes.¹⁹ January 1911, the last month of the lunar calendar, was also the time when workers were preparing their annual return to Shandong for the New Year. When the CER, aiming to block the mass movement which spread the plague along its path, stopped selling third- and fourth-class tickets, many tried to travel south by carts or attempted to walk home; the bodies of those who had already been infected soon lined the roads. Others who had escaped from the cities to the Manchurian countryside died of cold and hunger, as peasant settlers maintained a self-imposed blockade of their villages from desperate refugees.

From an early stage in the epidemic, fear of the Russians was at least as great as the fear of death itself. It did not take long for Chinese to discover that nobody who entered the Russian plague hospital ever came out of it again. While the same held true of the hospital run by Chinese doctors in Fujiadian, rumour soon circulated that the Russians were killing their patients and making medicine for their own people from the victims' organs: this is why all Russians kept their health. There was also widespread talk of plague cases supposedly cured by able Chinese physicians, and common denial that the disease

¹⁸ Thomas R. Gottschang and Diana Lary, *Swallows and Settlers: The Great Migration from North China to Manchuria* (Ann Arbor, 2000), 109. In an infected house, plague would, therefore, have claimed the lives of migrants coming largely from the same village.

¹⁹ *Ibid.*, 117. Note that plague would not have been the only cause for return migration: Heilongjiang sheng dang'anguan [Heilongjiang Provincial Archive], *Heilongjiang lishi dashi ji (1900–1911)* [Chronicle of Main Events in Heilongjiang History (1900–1911)] (Harbin, 1984), 180–1, 216, described the floods that spread all over the province in the summers of 1910 and 1911 as the worst in a hundred years.

was in fact the epidemic which foreigners called it.²⁰ Chinese resented the cruelty with which the Russian police were indiscriminately rounding up people as plague suspects; in Shanghai, an influential journal stated that the Russians were using the plague as a convenient pretext to banish the Chinese from town centres and take possession of their land.²¹ In Harbin, of which Roger Budberg's memoir has left us an unparalleled description, the relatives and acquaintances of an infected person could rarely if ever be induced to comply with the Russian demand for immediate notification. Those of them who realized the peril of keeping the sick were faced with an excruciating choice. Family members were usually still cared for in the home; others left of their own accord, in order not to endanger their relatives and fellow villagers, and spent their last hours hiding from the Russian 'flying squad'. While single men were turned out of inns and hostels by landlords unwilling to have their business closed down, and themselves taken to the isolation wagons, everything imaginable was done to conceal the bodies of the dead. The French Catholic mission in Fujiadian became the last resort for over two hundred Chinese, either recent Christian converts or (many more) men who, fearing the plague hospital, had pinned their hopes on the God of Father J. F. Bourlès. Trusting in the same divine protection and ignoring medical advice, the priest led his flock in prayer, consoling the sick and offering the sacrament *in articulo mortis*, up to his own death of the plague on 13 January.²²

²⁰ This attitude was also adopted by officials fearful of losing their jobs, nowhere more than in the Heilongjiang provincial seat, Qiqihar. A report of 16 January 1911 declared that efficient medicine had been administered to the patients (with the result that only 30 out of the 230 died): 'We now know that tales of this disease being plague (*shuyi* [literally, rat epidemic]) or "pest" (*baisidu*) are all rumour and have no basis in fact'. Heilongjiang sheng dang'anguan, *Heilongjiang lishi dashi ji*, 195.

²¹ In addition to this claim, 'Manzhouli Haerbin fangyi ji' [Plague Prevention in Manzhouli and Harbin], *Dongfang zazhi*, vii, 12 (25 Jan. 1911), also said that the Chinese were being forcibly undressed in the open field facing the quarantine wagons, and that some died of the bitter cold; once inside the wagons (*waguan che*), they did not get enough nutrition. The anonymous author of this article based on 'knowledgeable sources' his contention that the plague had originated in Moscow.

²² Budberg, though a critic of the mission, remembers Bourlès as a close friend: see his *Bilder aus der Zeit der Lungenpest-Epidemien*, 298. See also much material in the 1911 issues of *Annales des Missions Étrangères* and *Compte rendu, Société des Missions Étrangères de Paris*.

In an atmosphere of mounting hostility from the Chinese population, responsibility for finding the hotbeds of infection and identifying the provenance of the corpses that littered the streets of Harbin every morning was entrusted to the only Chinese-speaker among the Russian doctors. Baron Budberg, having left his first assignment at the Fujiadian hospital, applied himself to the task of intelligence-gathering at the head of a small staff of Chinese agents. He had no doubts about the necessity for what he was doing, as he shared the belief in the indispensability of forced isolation. At the same time, he was voicing unheeded protests against the treatment of Chinese in the quarantine wagons. He also disagreed with the policy of 'disinfecting' Harbin by burning down Chinese apartments, which he later described as 'destroying other people's property'.²³ Budberg felt most acutely the ambiguity of his own position whenever a Chinese whom he had apprehended on the street would need to be picked up by the Russian sanitary cart. On top of such four-wheeled, horse-drawn carts, closed wooden crates were mounted, and air and light were only admitted through a small square-shaped opening. For the ordinary Russian stretcher-bearer, aware of the fatality of the disease and with no means of communication, a Chinese diagnosed as a plague case lost any value he may have possessed as a living person, and was instead perceived and treated as a public menace. Always entering into conversation with the sick, Budberg availed himself of the opportunity that such encounters presented to the medical anthropologist, even as he regarded it his duty to alleviate the patients' last moments in whatever way he could.²⁴

From the beginning of Chinese migration to Manchuria in the 1860s, the migrants had attached great importance to being

²³ Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 154.

²⁴ *Ibid.*, 52–4: an attempt to convey the terror of these moments from the perspective of the victim. The 'dreadful wagon' finally arrives, its crew dressed in white. They ask the sick man to cough, or just push a pad down his throat to obtain the sputum that would later be sent for laboratory examination. With the words *tsouba*, *khodia* ('get going, Chink', in Russian-Chinese pidgin) he is shoved into the warm wagon. Soon after the beginning of his journey he notices the smoke of furnaces; remembering the horror stories which he has heard, he tries to hide but is pushed out of the crate and forced into the death room, where others like him are lying. The door rarely opens, only to admit a new victim or take out a corpse. Before death comes, he is already in an unconscious state.

laid to rest in their home villages. By 1910 piles of coffins were still awaiting the eventual shipment home from 'beyond the Great Wall'. Committing the dead to Manchurian soil was an option of economic necessity, though some of the poor who could not afford the expenditure of transporting a coffin preferred to burn a relative's remains so that at least the bones could be brought to the native place.²⁵ Those who did bury their family members in the North East upheld the tradition of keeping the coffins at home for at least three days after death.²⁶ In the early stage of the plague epidemic in Harbin, the Chinese government had supplied coffins for the deceased, but this practice was soon abolished, and the burial of hundreds of decaying bodies delayed. The intense cold and lack of manpower to carry out the task were the officially cited, but possibly not the only, reasons.²⁷ In late January 1911, as the daily death rate in Fujiadian soared to a record of 183, Wu Liande obtained imperial permission for an unprecedented burning of the remains.²⁸ Dr Wu had stressed the imminent danger of

²⁵ *Ibid.*, 228–9.

²⁶ The rich did not part with coffins for many years, while childless widows kept their husband's coffin in anticipation of the day when they would be laid to rest together. The Central Plague Prevention Bureau in Mukden, Fengtian quansheng fangyi zongju, *Dongsansheng yishi baogao shu* [Report on the Plague in the Three Eastern Provinces] (Fengtian, 1911), pt 1, ch. 4, lists this among the customs that could not be reconciled with the anti-plague measures.

²⁷ The discontinuation of coffin supply is one among several aspects of the campaign in Fujiadian to warrant a suspicion that government funds earmarked for plague relief were not always put to their designated use. The *Yuandong bao*, reporting on 14 January the decision to abolish burial in coffins (the dead were from now on to be enwrapped in cloth and disinfected with carbolic acid), also mentioned the beginning of an inquiry into alleged embezzlement in the Fujiadian plague bureau. Rampant corruption among local Chinese officials is described in the memoirs of Sao Ke Alfred Sze (1877–1958), the court's Commissioner to the Mukden conference in 1911, who had served as superintendent of customs in Harbin from 1908 to 1910 before becoming the Chinese ambassador to London and Washington: see his *Shi Zhaoji zaonian huiyi lu* [Reminiscences of Early Years] (Taipei, 1967), 61–9.

²⁸ The section on 'corpse disposal', in *Dongsansheng yishi baogao shu*, pt 2, ch. 3, explains that (practising Buddhists apart) cremation in the North East had been previously known only in Heilongjiang, where it existed alongside burial due to the freezing of the ground in winter. In Jilin province, of which Harbin was part, Dr Wu's initiative aroused great popular fear and was eventually adopted only with the provisos that burning in the collective pits would be limited to certified plague cases, and that relatives would be allowed to cremate their dead privately. This policy was also implemented in Changchun, which had the second heaviest mortality, but no corpses were burnt in the provincial seat Jilin town, none in Mukden, and very few in the rest of Fengtian (modern Liaoning) province.

infection from what by then were over two thousand corpses, but, only 'a couple of days' after the first burning, he ordered 'extra square pits, each measuring twenty feet by twenty feet' to be 'dug to a depth of ten feet in the softened ground for the reception of future coffins and bodies'; the initial impracticability of mass burial may thus have been overstated by a believer in the modern benefits of cremation.²⁹ On the Russian side of the Harbin anti-plague organization, Peking's decree was interpreted as a licence to exhume and burn a thousand corpses previously buried in a separate plague cemetery.³⁰ A second mass burning, carried out under D. K. Zabolotnyi's orders in March, involved all the Chinese and Westerners (members of the Russian medical staff included) who had been buried in and around Harbin since the beginning of the epidemic. Earlier Chinese graves were also disturbed in the process, and Roger Budberg described the horror of his wife when she found out that her father, who had died years before, was among those unearthed and burned in the plague pits.³¹

Thus to fear of Russians and fear of death was added the terror of expected vengeance from the thousands of 'descendant-less' plague victims, most of whom died too young to have left the progeny necessary for the performance of ancestral rites, and who had not been given proper burial. The affront to Chinese sensibilities was great, yet resistance to the preventive measures was limited to escape attempts, and rarely assumed a violent form.³² Working hand in hand, the Chinese and Russian plague

²⁹ Quotations from Wu Lien-Teh, *Plague Fighter*, 30. The events of January 1911 are put in context in Wu Lien Teh, 'Cremation among the Chinese — Past and Present', *Pharos*, xv, 3 (1949), 9–11, a speech delivered to the Cremation Society of Great Britain in his capacity as President of the Cremation Society of the Perak State of Malaya.

³⁰ Strong (ed.), *Report of the International Plague Conference*, 205. Burning was also adopted to prevent the exhumation of plague victims by kinsmen intent on giving the deceased a ritual burial.

³¹ Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 228. This was in violation of the provisions under which cremation had been accepted in the first instance, and rested on the theory that in cold climatic conditions plague bacilli could remain infectious in a dead organism. D. K. Zabolotnyi's report on the Manchurian expedition, as cited in his *Izbrannye trudy* [Selected Works], 2 vols. (Kiev, 1956–7), i, 212, makes clear that some of the exhumed corpses were used for dissection.

³² In early January 1911, about three thousand Chinese workers escaped from Harbin, crossed the frozen Sungari to nearby Hulan and there set ablaze the local Chinese magistrate's office: see Li Shuxiao, *Haerbin lishi biannian (1763–1949)* [A Chronicle of Harbin History (1763–1949)] (Harbin, 2000), 50.

fighters shared a belief in the supremacy of Western methods, and had no patience with grass-roots superstition.³³ Dr Budberg found the CER's Sanitary Committee far from eager to publish his booklet in Chinese, in which he suggested such prevention methods as he believed were compatible with traditional notions: steaming, a familiar practice of the Chinese kitchen, was useful for disinfection and certainly less radical than burning.³⁴ Ensnared behind the protective shield of the military cordon, Russian Harbin did not display neighbourly charity towards the quarantined Chinese town. Almshouses opened by the Russian authorities in Harbin's plague-stricken Chinese quarters offered free meals and a bath, but pursued the same goal as the quarantine wagons: to get Chinese off the streets and under Russian surveillance. There was wide agreement that laxity on the Chinese government's part was to blame for the plague having reached the city, and a consensus that the Chinese should be grateful to the Russians for bringing an end to the epidemic.³⁵ Both in Harbin and in Russia, the press had been publishing rumours and unverified reports — the most persistent of which claimed that the Chinese, possibly in preparation for a new Boxer uprising, were trying to infect

³³ Fengtian quansheng fangyi zongju, *Dongsansheng yishi baogao shu*, pt 1, ch. 4, blames 'traditional customs' for their negative impact on prevention efforts. Blind trust in providence, resistance to cremation, rejection of foreign medicine, attempting to regain the native village in defiance of quarantine regulations, and the filial piety which obliged sons to care for infected parents — all these come under varying degrees of criticism and are occasionally described as 'ignorant'.

³⁴ We have to take on faith Budberg's assertion that the pamphlet, distributed at his own expense, was well received by its audience; according to his *Bilder aus der Zeit der Lungenpest-Epidemien*, 62, 'the governor of Kuanchengzi [the southern terminus of the CER at Changchun] apologized for having reprinted and spread 20,000 copies without the author's permission'. The bibliographical section of the Harbin-based journal and organ of the local Society of Russian Orientalists, *Vestnik Azii*, no. 8 (Feb. 1911), 159, mentions a pamphlet published by Baron Budberg 'for the benefit of the benighted Chinese populace', giving the title as *Baohu wenyi* [Protection from the Plague]. Roger Baron Budberg, 'Einige hygienische Prinzipien im Volksleben der Chinesen', *Deutsche medizinische Wochenschrift*, xxxvii, 37 (14 Sept. 1911), 1707–8; and Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 39, give a fair idea of the contents.

³⁵ To prevent future threat to the Russian town, another article in *Vestnik Azii* concluded with a call for the annexation of Fujiadian to the CER zone: see Andrei N. Titov, 'Chuma v Kitae' [Plague in China], *Vestnik Azii*, no. 8 (Feb. 1911).

Europeans with the plague.³⁶ Popular opinion considered the most efficient handling of the situation to have been demonstrated in Manzhouli, where (after the early escapees had already carried the epidemic down the railway line) the Russian police had successfully rounded up for quarantine the entire Chinese population. Yet a lone voice emanating from Harbin presented a completely different picture to the European reading audience: anonymous reports in the influential *St Petersburger Zeitung* insisted that the plague had exposed the unwillingness of Russians in China to adapt to the ways of another culture.³⁷

Pneumonic plague returned to Manchuria in 1920–1 and claimed 3,125 lives in Harbin (including Fujiadian, now an integral part of town). According to official Chinese statistics, there were 9,300 dead in all of Manchuria and the Russian Far East, then in the grip of a civil war.³⁸ To gain some idea of the renewed climate of hostile suspicion in Harbin, we can turn to the proclamations issued by the town's temporary plague prevention bureau. The organization established under Wu Liande in the wake of the 1911 disaster now took over most of the anti-plague work, and all Chinese patients were referred to Dr Wu's hospital in Fujiadian. Also, it was the Manchurian Plague Prevention Service that took charge of quarantining suspects in railway wagons and cremating 1,300 of the plague's victims.³⁹ It was attacked together with the Russian physicians by a population to whom Western concepts of preventive

³⁶ See, in a digest of the Russian and international press on Far Eastern affairs, 'Chuma v Man'chzhurii: ee posledstviia i vzbuzhdenie v naselenii' [Plague in Manchuria: Its Consequences and Unrest among the Population], *Dal'nevostochnoe obozrenie* (St Petersburg), no. 6–7 (Mar. 1911), esp. 31–5. Budberg blamed Harbin's main Russian paper *Novaia zhizn'* for whipping up an anti-Chinese campaign, and thereby undermining his own attempts to reach co-operation with the Fujiadian authorities.

³⁷ The authorship of these dispatches did not remain secret for long. They are reprinted, with some modifications, in the first part of Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*.

³⁸ Figures from Wu Lien Teh, 'The Second Pneumonic Plague Epidemic in Manchuria, 1920–21', *Jl Hygiene*, xxi, 3 (1922–3), 264–5. Wu's data should here be treated with caution, as he had a vested interest in proving that the Plague Prevention Service under his direction had managed to reduce mortality in the second epidemic (which it had been established to prevent).

³⁹ The next time cremation was to be used in Harbin was in the years of the Japanese occupation. Following the Great Leap Forward of 1958, the practice was imposed throughout the People's Republic. Cf. Liu Dazhi, 'Haerbin minjian huozang zakao' [A Random Investigation of Popular Cremation in Harbin], *Heilongjiang shizhi*, no. 5 (1986), 38–9.

medicine were, apparently, as alien as ever before.⁴⁰ Educated people in Harbin in 1921 were probably more receptive to foreign medicine than they would have been a decade earlier, but plague remained a disease of the poor.⁴¹ Cholera, transmitted through polluted water and food, was less so, and serious outbreaks in 1919, 1926 and 1932 (there were also the influenza pandemic of 1918, and typhus in 1930) made the threat of epidemic disease an ever-present feature of life in North-East China in the first half of the twentieth century. A few hours' walk from Harbin, the small town of Hulan paid its due to each of the deadly visitations, and it is to the pen of the writer Xiao Hong that we owe a rare and disturbing impression of Western medical aid from the vantage point of Chinese peasants.⁴²

⁴⁰ Haerbin linshi fangyi zongshi wusuo [Harbin Temporary Central Plague Prevention Bureau], *Minguo shinian fangyi baogao shu* [Report on Plague Prevention in 1921] (Harbin, 1921), section of public proclamations during the plague, begins (on 15 February 1921) with an appeal in colloquial language for the people to report plague cases and submit to quarantine in the railway wagons. The text goes on to rebut rumours dating back to 1911, namely that patients in the wagons were given lime to drink and poison to eat. A proclamation ostensibly devoted to hygiene, on 9 March, in fact condemned an attack on foreigners the previous day, and refuted a rumour that 'foreigners' (i.e. Russians) were poisoning patients' water at the plague hospital. On 10 March appeal was made for people 'to take no notice of rumours and bring in their relatives' and 'not to conceal [their] sickness for fear of the doctors'. Wu, in his 'Second Pneumonic Plague Epidemic in Manchuria, 1920–21', includes a frank, if bemused, account of such impediments to anti-plague work.

⁴¹ Between 1928 and 1930, shortly before it was to close down due to the 1931 Japanese invasion of Manchuria, the Service's attempts to intervene in an epidemic of bubonic plague encountered fierce popular opposition in villages surrounding Tongliao, now south-eastern Inner Mongolia: Carl F. Nathan, *Plague Prevention and Politics in Manchuria, 1910–1931* (Cambridge, Mass., 1967), 71–2. When plague next broke out in the same area, however, the Chinese Communist Party was able to crush all resistance with such novel measures as compulsory vaccination, forced segregation of suspects from their families, an organized 'rat-catching movement', instant fines and prison sentences for villagers failing to report their dead. Although thirty thousand died, the survivors 'became firm followers of the Party', since, being 'liberated from their superstitious beliefs, they acquired true scientific knowledge of plague prevention'. Gong Yan, '1947 nian Liao-Ji diqu shuyi liuxing qingkuang ji fangyi gongzuo chengjiu' [Bubonic Plague in the Liaoning-Jilin Region in 1947, and the Achievements of Plague Prevention], *Zhongguo keji shiliao*, xvii, 4 (1996), 20–3.

⁴² The Hulan-born writer Xiao Hong (Zhang Naiying, 1911–42) lost her mother in the cholera of 1919. Chapter 9, 'Epidemic', in *The Field of Life and Death* (1935) avoids identifying the disease by a name which would not have been familiar to the villagers, but leaves no room for doubt in the description of white-smocked Russians performing a saline infusion. 'I'm worried that the "devils" are coming', says one woman, 'They give shots even to little babies. You see, I've brought my child with me. I won't let them stick a needle in him. I'd rather see him die first!' Xiao Hong, *The Field of Life and Death and Tales of Hulan River*, trans. Howard Goldblatt (Boston, 2002), 58.

II

AN INTERPRETATION

While there can be no general laws covering human behaviour, the broadly similar effects of fear on shaping popular reaction to epidemics have long attracted historians' attention.⁴³ Epidemics afflicting mostly or exclusively the poor segments of society have been known to provoke suspicion and, frequently, violent action against the rich, the ethnic minorities and the medical profession. This pattern of response needs little factual justification, as, triggered by panic, it feeds on pre-existing stereotypes and fears, but it naturally grows in intensity parallel to the intrusiveness of sanitary measures.⁴⁴ In a colonial setting, the outbreak of an epidemic is likely to lay bare a mutual mistrust between the native and foreign populations.⁴⁵ Rather than impress upon the masses the superiority of Western medicine,

⁴³ See, in the European context, Jean Delumeau, *La Peur en Occident (XIV^e–XVIII^e siècles): une cité assiégée* (Paris, 1978), ch. 3, 'Typologie des comportements collectifs en temps de peste', esp. 131–6.

⁴⁴ Within the tradition of the *mentalités* school, see René Baehrel, 'La Haine de classe en temps d'épidémie', *Annales ESC*, vii (1952). Violence against physicians and Jews characterized the 'cholera riots' in Russia in 1892: see Nancy Mandelker Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856–1905* (Princeton, 1981), 143–58. So did the suspicion of poisoning, which in 1910 was directed towards the Russians and the Japanese — see, for the latter, Dugald Christie, *Thirty Years in Moukden, 1883–1913* (London, 1914), 247 — but which Karl-Heinz Leven, 'Poisoners and "plague-smearers"', *Lancet*, cccliv (2000), suppl., p. 53, regards as a universal reaction in time of epidemics. In the same year as the plague epidemic in Manchuria, rumours of poisoned water in the pest-house accompanied a coercive public health campaign to ignite violence among the poor of southern Italy: Frank M. Snowden, 'Cholera in Barletta, 1910', *Past and Present*, no. 132 (Aug. 1991). Rajnarayan Chandavarkar, 'Plague Panic and Epidemic Politics in India, 1896–1914', in Terence Ranger and Paul Slack (eds.), *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge, 1992), mounts a counter-argument for the specific and rational nature of popular resistance.

⁴⁵ See Faranirina Esoavelomandroso, 'Résistance à la médecine en situation coloniale: la peste à Madagascar', *Annales ESC*, xxxvi (1981), on an epidemic which first appeared on the island in 1921. The French administration's burning of contaminated houses, intervention in burial rites, and experimental vaccination became political issues in the anti-colonial struggle. The next outbreak of pneumonic plague after Manchuria, analysed in Myron Echenberg, *Black Death, White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914–1945* (Portsmouth, NH, 2002), invites comparison with Harbin: in 1914 the disease invaded the native Senegalese quarter of Dakar, which was then segregated from the French city. The by now familiar scenario of foreigners burning down native houses, taking over the burial of the dead and launching a campaign of obligatory vaccination led to petitions, a strike, and finally a revolt that put an end to the destruction of property and ensured compensation for the damage inflicted.

the typically lower death rate among Westerners tends to intensify suspicion against them (it may, though, have the former effect upon the upper classes, whose contacts with the foreigners would usually date back to before the epidemic). Whatever readiness there had previously been to seek the help of foreign doctors, or to use foreign drugs as a complement to traditional remedies,⁴⁶ is quickly forgotten at a time of crisis, when choices on both sides are dictated by prejudice and superstition. Westerners, who may have embraced liberal views before disaster struck, now perceive their neighbours as the carriers of disease. The epidemic of bubonic plague in Hong Kong in 1894, famous for the discovery of plague bacilli by the French doctor Alexandre Yersin, exhibited all these traits, with measures enforced by the British authorities running up against Chinese fear and protest.⁴⁷ San Francisco's Chinatown was suspected as the hotbed of the plague as soon as the global plague pandemic had reached the city by sea in 1900.⁴⁸

The Manchurian plague disrupted a state of affairs that had enabled Russians and Chinese in the CER zone to limit their communication to the essentials of economic exchange. Now, foreigners intruded into domains of Chinese society which they had hitherto stayed clear of (and therefore knew very little about): medical care;⁴⁹ the seasonal migration cycle; and the basic habits of daily life and burial customs. The CER's decision to lay off its Chinese workers caused wide unemployment, and compelled the

⁴⁶ On the precipitous collapse of Chinese trust in Western drugs and doctors at the time of the plague, see E. P. Khmara-Borshchevskii, *K voprosu o vozniknovenii chumy na Dal'nem Vostoke i mery bor'by s rasprostraneniem chumnoi zarazy* [Regarding the Appearance of Plague in the Far East and Measures to Combat the Spread of Plague Infection] (Harbin, 1912), 32–4.

⁴⁷ See Carol Benedict, *Bubonic Plague in Nineteenth-Century China* (Stanford, 1996), 137–49; and, from the perspective of the Shropshire troops upon whose shoulders the disinfection work fell, Jerome J. Platt, Maurice E. Jones and Arleen Kay Platt, *The Whitewash Brigade: The Hong Kong Plague of 1894* (London, 1998).

⁴⁸ See Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley, 2001); Marilyn Chase, *The Barbary Plague: The Black Death in Victorian San Francisco* (New York, 2003).

⁴⁹ Employees of the CER had been the only Chinese to receive treatment in the Harbin central hospital before the plague, while the early opening hours of Russian dispensaries had made them inaccessible to Chinese workers. 'Meditsinskaia pomoshch' kitaiskomu naseleniiu g. Kharbina' [Medical Aid to the Chinese Population of the Town of Harbin], *Novaia zhizn'* (Harbin), no. 108 (26 Apr. 1911), 2, also argued that Chinese trust in European doctors had increased with the establishment of new dispensaries during the epidemic.

Chinese to seek such other jobs as could be found in plague time; like other methods adopted to prevent contact between Russians and Chinese, it may have saved Russian lives only at the cost of subjecting the Chinese to increased danger. The isolation of Fujiadian, and the cessation of commerce and daily commuting to Harbin, forced men to take up jobs as stretcher-bearers, corpse burners and hospital hands, and to pursue trade in the clothes of the dead — even in dead rats, secretly imported into the city once the authorities offered to pay for their collection. The devotion and sacrifice of the medical staffs notwithstanding, the arbitrary measures taken in Harbin and Fujiadian rank among the most intrusive of Western-managed epidemics; mass cremation and forced quarantine on a similar scale would have been inconceivable in late tsarist Russia, not to mention Western Europe, where sanitary cordons and lazarettos had been abandoned in the first half of the nineteenth century. These policies had a longer life as instruments of colonial control in Asia and Africa.

That they did not provoke open rebellion in 1910, of the kind that earlier in the same year had erupted in protest against the imposition of new taxes in Shandong province,⁵⁰ from which most migrant workers hailed, must be related to the migrants' extreme vulnerability and lack of organization, to the absence of a rooted population in Northern Manchuria, to the religious perception of plague as divine retribution, and to a culture of forbearance in hardship. Passive resistance was at the same time ubiquitous, expressed in such forms as the concealment of corpses, and the staunch refusal of the sick to reveal their last address to the Russian medical staff.⁵¹

Trained by a common teacher in Paris, the leaders of both Russian and Chinese medical expeditions to Manchuria were members of a cross-national scientific community.⁵² In their white protective clothing, which left only the eyes uncovered, other Russian and Chinese doctors were difficult to tell apart. Most of them needed interpreters to communicate with their patients

⁵⁰ See Roxann Prazniak, *Of Camel Kings and Other Things: Rural Rebels against Modernity in Late Imperial China* (Lanham, Md., 1999), ch. 2.

⁵¹ Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 25 and *passim*.

⁵² In 1900 and 1903, respectively, D. K. Zabolotnyi and Wu Liande had studied under the future Nobel laureate Élie Metchnikoff at the Institut Pasteur. In Paris, too, both men would meet again in November 1911 as representatives of Russia and China at the International Sanitary Conference.

(Wu Liande spoke fluent English and some French and German, but no Mandarin Chinese), while closely fitting masks did more to reduce either side's possibilities of negotiating the treatment process. Contempt towards the coolies, for their senseless refusal to comply with regulations issued for their own protection, their superstition and their desperate attempts to seek relief in traditional medicine, was characteristic of the Western-trained Chinese doctors even more than of their Russian colleagues.⁵³

The use to which fire was put during the epidemic deserves special attention. Wu Liande's cremation of the dead, a policy which the Russians were only too quick to pick up, was a crude and insensitive method whose chief advantage was to ease the work of the medical organization. Despite Wu's frequent intimations in this regard, no causative link may be established between the mass cremation on 31 January 1911 and the epidemic's end more than a month later. Traceable to the same Hippocratic origins of Western medicine, the incineration of Chinese hovels in Fujiadian reflected the scientific standards of the day.⁵⁴ Contrary to measures taken by the British after their

⁵³ Apart from references to the 'unruly soldiery' and 'ignorant populace', Wu Liande's writings are replete with satirical sketches of the native Chinese 'quacks'. He was probably right about the low level and pecuniary motives of the competition, but at least one example shows that things may not have been so clear-cut. Cao Tingjie, 'Fangyi chuyan xu ji liyan' [Rustic Remarks on Plague Prevention: Introduction, and Notes on Usage], in Cong Peiyuan and Zhao Mingqi (eds.), *Cao Tingjie ji* [Collected Works of Cao Tingjie], 2 vols. (Beijing, 1985), ii, 275–9, is a famous North-Eastern scholar's advertisement of an allegedly well-tested traditional 'cure' for the plague; it does a fair job in persuading readers of the author's patriotic concern. Cao's was one of several introductions to the volume *Rustic Remarks on Plague Prevention* (Jilin, 1911); another was contributed by Viceroy Xi Liang, who just a few months before had posed as an adept of Western medicine at the Mukden international conference.

⁵⁴ Fire was reputedly the weapon with which the 'father of medical science' delivered Athens from the plague, though the ability of fire to destroy the 'seeds of plague' was disputed already by Daniel Defoe in his *A Journal of the Plague Year* (1722), ed. Louis Landa (Oxford, 1990), 172, 243 and notes. Long after Defoe's time, as it was discovered that bubonic plague was spread by rat fleas, it became possible to argue that rats (rather than 'seeds') had been destroyed in the Great Fire of London. In this sense, new epidemiological knowledge encouraged a return to ancient methods: even an accidental conflagration which left five thousand people homeless could not cast doubt upon the wisdom of burning infected locations during the epidemic of bubonic plague in Hawaii in 1900 nor prevent the adoption of this policy in several succeeding epidemics, as shown by James C. Mohr, *Plague and Fire: Bantling Black Death and the 1900 Burning of Honolulu's Chinatown* (Oxford, 2004). On his last assignment prior to Harbin, a major outbreak of bubonic plague in Odessa in 1910, Zabolotnyi did oppose the city governor's policy of burning down the tenement houses of the poor, according to Nina E. Pitsyk, *Daniil Kirillovich Zabolotnyi, 1866–1929* (Moscow, 1988), 110–14.

burning of a Chinese city quarter in the Hong Kong epidemic of 1894, demolition in Fujiadian was not followed by redevelopment of the area, which remained a slum well into the PRC era. As a senior medical officer in Harbin would avow only a year after the events, Chinese houses had been burnt under the pressure of Russian panic.⁵⁵ Yet the same method was endorsed, along with mass cremation, by the Chinese magistrate of Kuanchengzi (the CER railway settlement near Changchun), who in his anxiety to put a rapid end to the epidemic inflicted additional suffering on the plague-stricken population.⁵⁶ It is essentially the problem of imported modernity that we are faced with here, and return to below.

III

OTHER INTERPRETATIONS

'Local Sino-Russian relations were not harmed but rather improved by the great Manchurian pneumonic plague epidemic', wrote Rosemary Quested in what remains the best narrative history of Harbin that we have.⁵⁷ Startling as this conclusion may seem, there is a sense in which it is entirely correct: we have just seen the close co-operation between the Chinese and Russian administrations and medical personnel. International (rather than 'local') relations between the two states, Russia and China, did improve in the wake of the Mukden conference, having been under a heavy cloud shortly before: political brinkmanship related to Russia's demands to extend her trade privileges in Mongolia had led to a war scare in Russian Harbin during the plague, which stirred up anti-Chinese sentiment in the local press.⁵⁸ Quested drew much of her information from the

⁵⁵ Khmara-Borshchevskii, *K voprosu o vozniknovenii chumy na Dal'nem Vostoke*, 46–8, defended the need to cremate the corpses of plague victims, but urged that any other use of fire in future epidemics be confined to exceptional circumstances.

⁵⁶ Lancelin, 'La Peste de Mandchourie', 367. This was apparently the same official who distributed '20,000 copies' of another foreign remedy: Baron Budberg's booklets, which recommended plague prevention through the implementation of Chinese hygienic principles.

⁵⁷ Quested, 'Matey' Imperialists?', 199.

⁵⁸ The issues of contention in Russian–Chinese relations are covered by Quested: *ibid.*, ch. 11, 'The Various Crises of 1910–11'. Cf. Evgenii A. Belov, *Rossia i Kitai v nachale XX veka: russko-kitaiskie protivorechiia v 1911–1915 gg.* [Russia and China in the Early 20th Century: Russo-Chinese Disputes, 1911–1915] (Moscow, 1997).

correspondence of American and British diplomats, and in her magisterial account of the Russian enterprise in Manchuria she shared these sources' interest in the political rather than the social consequences of the epidemic.

A bias in favour of state-driven history is evident already in the title of another fine book, Carl F. Nathan's *Plague Prevention and Politics in Manchuria*. Exceptionally lucid and well researched (though based exclusively on English-language sources), this short monograph presented Mukden as a milestone in Chinese history — the moment when China adopted the fundamentals of a Western medical system. Once again, whether or not we should agree with the author depends on the vantage point we choose. The Peking government's acceptance of a long list of foreign innovations during the epidemic was important, and the place of this decision within the radical reform policies undertaken in the last decade of the Qing would merit further inquiry. In the territory affected by the plague, however, the implementation of unfamiliar regulations occasioned an equally important opposition — if not on the part of the coolies, then from the strong merchant guilds and allied 'native-place' associations (*huiguan*) who expected to shoulder relief work for the poor while maintaining the privileges of the rich, and who could not tolerate foreign doctors, house-to-house searches, forced quarantine and police control.⁵⁹

In Russia and China mutually insular versions of these events developed. With remarkable consistency, the 'conquest of plague' was described as a Russian or a Chinese achievement, respectively brought about by the personal leadership of either D. K. Zabolotnyi or Wu Liande. In their sublime disregard of each other, historians in both countries have cultivated a dubious notion of an epidemic 'extinguished' or 'stamped out': in 1911,

⁵⁹ Upper-class Chinese were, indeed, exempt from these regulations and their freedom of movement was not hampered: even in Manzhouli, the well-off were allowed to pass quarantine in their homes. The merchants in Fujiadian lobbied for the opening of an alternative plague hospital, to provide less 'restrictive' treatment in accordance with Chinese medicine. In her summary of the 1910 epidemic in Mukden, Benedict, *Bubonic Plague in Nineteenth-Century China*, 155–63, describes a similar reaction by the city's Chamber of Commerce. Such 'alternative' hospitals, set up by merchants and the gentry in Mukden and Changchun, collapsed shortly after their establishment as both staff and patients succumbed to the plague. The symbiosis between chambers of commerce and the local administration in Liaoning in the early 1920s is described by Ronald Suleski, *Civil Government in Warlord China: Tradition, Modernization and Manchuria* (New York, 2002), 113–18, 200–3.

however, there was wide agreement that — rather than being conquered through Russian or Chinese efforts — the epidemic had stopped by itself.⁶⁰ So intensely are Russian and Chinese historiographies preoccupied with conveying a self-flattering image of the nation, and so complete is each side's isolation from the opposing historical narrative, that they omit every fact that does not suit their purpose, and rearrange the rest to their advantage.⁶¹ Chinese historians' lack of interest in epidemics is reflected in the paucity of specialized studies; all we may find on the plague of 1910 are short, uniform articles in praise of Wu Liande, scattered in the modern medical journals and North-Eastern publications.⁶² Their authors quote Dr Wu's writings in the available Chinese translations. But it was through his English-language publications that the self-promoting director of the Manchurian Plague Prevention Service came to dominate the historical record; coupled with a lack of access to the Russian side of the story, similar unanimity marks the few Western studies which have so far dealt with the subject.⁶³

⁶⁰ See, for example, Khmara-Borshchevskii, *K voprosu o vozniknovenii chumy na Dal'nem Vostoke*, 31; Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 90. This is not to deny that preventive work could limit the exposure to infection, and therefore the number of victims, as long as the plague lasted.

⁶¹ The hagiographic literature that grew around the figure of Zabolotnyi in the Soviet Union allowed no space for nuance in presenting his expedition as a life-saving humanitarian mission. No hint of the controversy over Zabolotnyi's actions in Harbin, or of the opposition to them among Harbin's Russian doctors (Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, pts 1–2, has all the details of the row complete with petitions, reports and caricatures from the Harbin press), was ever allowed into a Soviet publication. This also applies to the only monograph on the subject: the Soviet–French collaborative study by Martinevskii and Mollaret, *Epidemiia chumy v Man'chzhurii*.

⁶² Eulogies in the PRC have minimized references to Wu Liande's British nationality (and scarce knowledge of the Chinese language), his title of 'physician extraordinary' to president Yuan Shikai, and his never setting foot in Communist China. The co-operation between Russian and Chinese doctors is typically ignored by Li Shuxiao, *Haerbin lishi biannian*, 50, where Russians are repeatedly condemned for 'using plague as a pretext to harm the Chinese people'.

⁶³ Uncritically echoing his hero's writings, Carsten Flohr, 'The Plague Fighter: Wu Lien-teh and the Beginning of the Chinese Public Health System', *Annals of Science*, liii, 4 (July 1996), presents Wu as guardian of Chinese national interests against Russian and Japanese invasion schemes. Fisher, 'Bubonic Plague in Modern China', 92–101, has a better summary of the epidemic, but fails to support from sources other than Dr Wu's publications his assertion that the plague proved the efficacy of Western medicine over its Chinese counterpart — if all patients died, why would anybody have considered one system 'better'? The list of recent research on the epidemic of 1910 must also include Iijima Wataru, *Pesuto to kindai Chugoku* [Plague and Modern China] (Tokyo, 2002), ch. 4, where it is studied in the context of a foreign-induced institutionalization of Chinese public health.

The image of the European-trained physician as a herald of modernity in China brings up a difficulty in the interpretation of the past: its dependency on shifting intellectual fashions in the present. A convention, to which Nathan's book still adhered, allowed historians to describe the dissemination of Western medical science as coterminous with progress. While this approach remains the basic premise for historians in Russia and in the People's Republic of China, it is now all but extinct in English-language historiography: writing for an Anglophone academic audience today, it is not a good idea to propose a tale of science triumphing over plague and superstition. The Manchurian Plague Prevention Service, established by Wu Liande in the aftermath of the 1910 epidemic, proclaimed the introduction of Western medicine on its banner. It also asked ordinary patients wishing to be admitted to one of the Service's hospitals to equip themselves with the recommendation of 'some local tradesman of standing', or a 'responsible local authority', while 'members of the Maritime Customs and officers of the government' were attended to 'whenever required free of charge'. Except in epidemics, the Service's hospitals did not admit patients who could not be counted on to recover (and, in so doing, demonstrate the efficacy of Western-style medical treatment).⁶⁴ Nathan could not let this policy pass without comment, suggesting that it was little different from the strategy of Dr Wu's competitors, the quacks who treated patients suffering from the common cold only to claim that they had cured them of the plague.⁶⁵ The inequality in the face of disease, which had so clearly manifested itself in the anti-plague campaigns, seems even harder to ignore in 2005.

IV

A HISTORIOGRAPHICAL PERSPECTIVE

There was a time when compelling and influential history could be written as the story of how one thing had led to another: from a chosen point on the chronological scale, the

⁶⁴ See 'Regulations Concerning the Duties of Medical Officers and the Management of Hospitals', *North Manchurian Plague Prevention Service Reports, 1911-13* (Cambridge, 1914), 150-4.

⁶⁵ Nathan, *Plague Prevention and Politics in Manchuria*, 50.

historian looked back to trace the causes of change, with the predominating assumption that the end station was better than the point of departure.⁶⁶ We are now likely to distrust narratives of 'progress', that inexorable movement of history tiding over appropriately positioned watersheds and turning points, and are inclined to detect power interests behind what earlier generations more readily ascribed to altruism or patriotic spirit. There are two implications of this current scepticism, which are considered here in turn. The more positive one is a heightened awareness of the pitfalls of causal explanation in history, a problem of which secondary sources on the Manchurian plague provide us with an illuminating example.

More often than not, these accounts begin with the statement that the plague had first erupted among tarbagan hunters. We are then told that a sharp rise in the price of the marmot's fur, following the growing demand for it in European markets, had resulted in the parallel rise in the numbers of hunters, and that the new, inexperienced Chinese trappers became infected as they ignored precautions which Mongols and Buriats had always taken to avoid contact with sick animals. The trouble with this ubiquitous explanation is not that it is untrue, but that the seamless chain of events which it constructs is hugely misleading. The transmission of human plague from the tarbagan in the Transbaikal and Outer Mongolian steppe had been a favourite theory of Russian scientists since the 1860s, and one vigorously promoted by D. K. Zabolotnyi. In the absence of sufficient proof the theory was not endorsed by the specialists attending the Mukden conference in 1911; only later in the same year did Zabolotnyi's team manage to diagnose a single plague-infected tarbagan, a discovery which has since been hailed, especially in Russian publications, as conclusive evidence for the existence of epizootic plague among the marmots of Manchuria. Later research confirmed the tarbagan theory, but we may well ask how relevant such confirmation might be

⁶⁶ See David Cannadine, 'Historians in "the Liberal Hour": Lawrence Stone and J. H. Plumb Re-Visited', *Hist. Research*, lxxv (2002), esp. 350–4. A rare study of plague historiography, Faye Marie Getz, 'Black Death and the Silver Lining: Meaning, Continuity, and Revolutionary Change in Histories of Medieval Plague', *Jl History of Biology*, xxiv, 2 (1991), criticizes the notion that medieval plague 'gave rise to the Renaissance'.

to our understanding of the social, rather than the purely medical, history of the epidemic.

It can be argued with a high degree of probability that, at the time of the plague, no Chinese in Manchuria could have been persuaded to believe that the disease had originated from the marmots, an explanation grounded in the germ theory of epidemic disease and in the principles of laboratory analysis. In 1910, both were far from the acknowledged orthodoxy that they would later become,⁶⁷ and, given the hopeless prognosis of pneumonic plague, Western science could not even claim that the identification of the germ held any promise of recovery for the patient. A booklet officially distributed by the CER, as part of a campaign to explain the epidemic which also included pamphlets and evening lectures, did attempt to argue the tarbagan case to the Chinese population,⁶⁸ and the *hanta* marmot soon entered Chinese medical discourse. Yet even Dr Wu Liande, the first Chinese Pasteurian, remained far from convinced. In the summer of 1911 he travelled to Manzhouli and further into Inner Mongolia, talked to seasoned tarbagan hunters, but could find none who had ever seen a sick animal or could recall an instance when a fellow trapper was infected.⁶⁹ At an international congress in London, as late as 1913, Wu came up with a memorable simile: 'To conclude that a man whose occupation is that of a tarbagan hunter, and who takes plague, has been infected from a tarbagan, is comparable to concluding that a man who sells

⁶⁷ Doubts about the validity of bacteriological theory in the West persisted into the 1930s: see Andrew Cunningham, 'Transforming Plague: The Laboratory and the Identity of Infectious Disease', in Andrew Cunningham and Perry Williams (eds.), *The Laboratory Revolution in Medicine* (Cambridge, 1992), 238–9. Note also *ibid.*, 209: 'the coming of the laboratory has led to the *past* of medicine being rewritten to accord with the laboratory model of disease, and it has thereby been misunderstood' (original emphasis).

⁶⁸ A pamphlet by E. P. Khmara-Borshchevskii was translated into Chinese in Manzhouli prefecture, supplied with an introduction by the prefect, and distributed in ninety copies in April 1911: see Heilongjiang sheng dang'anguan, *Heilongjiang lishi dashi ji*, 206. This should correspond to item 242 in Olga Bakich, *Harbin Russian Imprints: Bibliography as History, 1898–1961. Materials for a Definitive Bibliography* (New York, 2002).

⁶⁹ Thus according to Wu's account (cited in n. 70 below), which also seems driven by the political motivation to disprove the existence of endemic plague within Chinese territory.

rice, and who develops plague, has been infected from the rice'.⁷⁰

To the traditional Chinese practitioners the cause-and-effect explanation of the plague's origin remained incomprehensible, and therefore irrelevant, even at the following stage of the chain, as pneumonic plague passed from one human agent to another in the cough droplets of the patients. The entire notion of mass contagion went against the grain of a medical system that sought the explanation of disease in the body of the individual, and was, at most, ready to attribute epidemics to miasmatic evaporations.⁷¹ A plague tract distributed in Beihai (Guangxi province) in 1910 denied contagion along with Western germ theory, explained bubonic plague's intrusion through foul air into an already weakened organism, and advocated its cure by acupuncture, and by such supplementary means as a potion of bear bile, and the urine of a small child.⁷² Further down the scale of medical expertise, the chances appear infinitesimal that the chain of infection could have made any sense to North-Eastern labourers and villagers. There was a world in which epidemics were brought about by malevolent spirits, and reprieve came through communal worship and the staging of religious processions.⁷³ The most that could be fitted into their cultural framework were simple preventive

⁷⁰ Wu Lien Teh, 'Investigations into the Relationship of the Tarbagan (Mongolian Marmot) to Plague', in *The XVIIth International Congress of Medicine, London 1913*, section xxi, 'Tropical Medicine and Hygiene', pt 2 (London, 1914), 47. In the same year, versions of Wu's article containing this sentence appeared in the *Lancet*, in the *Journal of Hygiene*, in the *Journal of Tropical Medicine and Hygiene*, and, finally, in *North Manchurian Plague Prevention Service Reports, 1911-13*. Wu shortly thereafter accepted the tarbagan theory and, from that time on, avoided further references to his erstwhile persuasion.

⁷¹ The theory that epidemics may be caused by pestilential vapours originating in a polluted environment is a point at which the so-called 'warm factor' school of traditional Chinese medicine may be compared with Western aetiological concepts before the advent of bacteriological science: see Benedict, *Bubonic Plague in Nineteenth-Century China*, 105. Shigehisa Kuriyama, 'Epidemics, Weather, and Contagion in Traditional Chinese Medicine', in Lawrence I. Conrad and Dominik Wujastyk (eds.), *Contagion: Perspectives from Pre-Modern Societies* (Aldershot, 2000), shows that contagion was often acknowledged, but was considered secondary to the chief perceived cause of infection in epidemics: internal predisposition, in conjunction with seasonal disturbance.

⁷² Translated (with the original illustrations) as 'Le Traitement de la peste d'après les médecins chinois', *La Semaine médicale*, xxxi, 5 (1 Feb. 1911), pp. xviii-xix.

⁷³ Paul R. Katz, *Demon Hordes and Burning Boats: The Cult of Marshal Wen in Late Imperial Chekiang* (Albany, 1995), ch. 2, 'Epidemics and Responses to Them'.

measures and increased sanitation, but they could neither grasp the need for quarantine nor accept the notion of hospital death. A different picture begins to emerge here from the one set before our eyes by those accounts of the epidemic which had streamlined history to match the fruits of scientific discovery: the vivid image of Chinese hunters being infected either by the tissue or through the fleas of sick rodents, then developing an infection of the lungs, and carrying on the disease into dense population centres. This is probably how it really happened — but it most certainly was not perceived to be so at the time.

To the extent that the present article deviates from earlier interpretations of the Manchurian plague, it is indebted to the current broadening of historians' agendas, the interest in perceptions and, in medical history, the standpoint of the patient.⁷⁴ It grows out of the same irreverent spirit which today encourages us to look with a critical eye at even the most venerable pieces of historiographical heritage. A critical eye, though, is also a good measure to apply to our own *fin-de-siècle* iconoclasm. Never mind the tarbagan; did the Black Death really trigger persecutions against Jews in Europe?⁷⁵ And, that boldest recent challenge to received opinion (one seeking some of its corroboration in the Manchurian epidemics): was the Black Death 'plague' at all?⁷⁶

⁷⁴ Paul Slack, 'Introduction', in Ranger and Slack (eds.), *Epidemics and Ideas*, 2–3.

⁷⁵ This has long been a fundamental assumption of plague history, and will probably remain one even after the publication of Iris Ritzmann, 'Judenmord als Folge des "Schwarzen Todes": ein medizinhistorischer Mythos?', *Medizin, Gesellschaft, und Geschichte*, xvii (1998) — see the riposte by Karl-Heinz Leven, 'Schwarzer Tod, Brunnenvergiftung und Judenmord: nur ein medizinhistorischer Mythos?', *Praxis* (Bern), lxxxix, 9 (2000), 374–6.

⁷⁶ Samuel K. Cohn, Jr, 'The Black Death: End of a Paradigm', *Amer. Hist. Rev.*, cvii (2002), argues that the epidemic that decimated Europe in the fourteenth century did not involve the same disease as the one whose bacilli (now known as *Yersinia pestis*) were identified during the Hong Kong plague of 1894. Much of the argument rests on the claim that contagion in the modern epidemics spread significantly slower than it did during medieval plague. In his effort to downplay contagion in the Manchurian case, however, Cohn, in his *The Black Death Transformed: Disease and Culture in Early Renaissance Europe* (London, 2002), resorts to selective quotation from Wu Liande's articles — Wu, in his 'Second Pneumonic Plague Epidemic in Manchuria', 268, in fact, spoke of 'the extreme infectiousness of pneumonic plague', confirming the conclusions in Strong (ed.), *Report of the International Plague Conference*, 411. Cohn further creates the impression that the plague raged chiefly among the 'closely huddled . . . tarbagan trappers', ignoring the high mortality among hospital staff and the wiping out of a third of Fujiadian's

(cont. on p. 176)

The other implication of scepticism for historical research is emotional poverty. We have become accustomed to irony, as opposed to earnest celebration: that there could be many versions of truth and conflicting perceptions of progress had been an important challenge to historians' complacency some decades ago, but by now even first-year students know that they are expected to qualify with inverted commas such terms, as well as a growing number of others, on the list that includes science and civilization.⁷⁷ This descent into cynicism leaves modern Western historians badly equipped for the possibility that ideals, not just interests, may have guided the historical agents. The young volunteers who rushed to conquer the plague in Manchuria may have been dreaming of grand careers in the golden age of bacteriology;⁷⁸ of the eighteen students (ten from Tomsk University and eight from the Military Medical Academy in St Petersburg) four did become professors in the Soviet Union, but two died of the plague. There is arrogance in declaring that their corporate identity as the representatives of imperialist medicine was what essentially determined their behaviour and reactions.⁷⁹

It is a commonplace to point out that governments and administrators facing the menace of epidemics tend to put the preservation of their own authority above the preservation of lives, and that decision-makers in the capital often approve of more radical measures in the periphery than can be implemented in the centre; the concerns proper to colonial policy

(n. 76 cont)

population in 1910–11. The main reason for the exceptional virulence of pneumonic plague, the rapid passage of infection in cough droplets (radically different from the bubonic form, which being dependent on rats and rat fleas cannot be transmitted directly from person to person), has led some scholars to suspect pneumonic plague behind the catastrophic losses of the Black Death — a school of thought that Cohn rejects: see his *Black Death Transformed*, ch. 3, 'Historians Square the Circle'.

⁷⁷ Lionel Gossman, 'Towards a Rational Historiography', *Trans. Amer. Phil. Soc.*, lxxix, 3 (1989), 16–18, called this 'the platitudinizing of formerly avant-garde positions'.

⁷⁸ On the rise of professional specialization in bacteriology as a new alternative to generalist practice, leading to the first congress of Russian bacteriologists in January 1911, see John F. Hutchinson, *Politics and Public Health in Revolutionary Russia, 1890–1918* (Baltimore, 1990), 63–9.

⁷⁹ Among many statements in this vein, see Andrew Cunningham and Bridie Andrews (eds.), *Western Medicine as Contested Knowledge* (Manchester, 1997), editors' 'Introduction'.

added to, rather than supplanted, those basic considerations. In Manchuria, Russian power after the Russo-Japanese war did not extend beyond Harbin and the CER zone, and indeed its representatives in Harbin would have got nowhere in Chinese-governed Fujiadian had not a common interest in containing the epidemic secured them the co-operation of the Foreign Ministry in Peking and the Viceroy in Mukden. What came out of this co-operation is regrettable but hardly surprising, as we remember that coercion was regularly employed by the late Qing and Romanov empires against their own nationals — though such infringements of human rights do pale in comparison with both empires' totalitarian successors. While the relationship between the medical profession and the state deserves careful study, men and women treating infectious patients at the scene of the events cannot be arbitrarily reduced to replicas of government agendas.⁸⁰

The decisions taken on the ground cannot, furthermore, be analysed solely in terms of a struggle for power, dissociated from the circumstances which had made them urgent. The Russian and Chinese authorities and medical staffs had to confront a virtually unknown disease in towns teeming with rumour and infested by the fear of death.⁸¹ Whatever the turn

⁸⁰ Contrary to the image conveyed by David Arnold in his *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, 1993), Cohn, *Black Death Transformed*, 38, finds in British plague commissioners' reports 'respect for the native populations', an attitude rewarded by the co-operation of their Indian assistants. In his *Chumnye epidemii na Dal'nem Vostoke*, Deputy Head physician of the CER and liberal intellectual E. P. Khmara-Borshchevskii (1865–1921) qualified Chinese resistance to Russian plague prevention measures as 'a sad, but understandable phenomenon' (p. 45). A lecture delivered in 1912 to colleagues in the Harbin central hospital, his *K voprosu o vozniknovenii chumy na Dal'nem Vostoke* acknowledged the errors of the military cordon, the detention 'for observation' of thousands of Chinese along the CER line and the burning of Chinese houses. He concluded with a call for what, he believed, was the single most effective measure in plague prevention: 'to improve the living conditions of the poor' (pp. 50–1).

⁸¹ Carol Benedict, 'Framing Plague in China's Past', in Gail Hershatzer *et al.* (eds.), *Remapping China: Fissures in Historical Terrain* (Stanford, 1996), 35, argues that British response to the plague in Hong Kong in 1894 had 'less to do with the threat it actually posed to the European community than with fears of the Chinese underclass and their "lack of hygiene"'. But the extent of threat 'actually posed' could only be known after the epidemic, and was obviously dependent on measures taken in its course, whereas the impossibility of direct inter-human contagion in bubonic plague was scientific knowledge not acquired until the 1910s; fear on both sides of the ethnic divide was the most natural reaction in a time of epidemic, and personal hygiene was indeed rare among poor people living in overcrowded lodgings.

they would have taken at this crossroads, we would always find grounds for criticizing their choice: foreign powers that, rather than intervene in an epidemic, have left natives to their own devices while supplying colonialists with the latest achievements of Western medicine, have been accused of pursuing an enclavist and discriminatory policy. A course of action that would *not* provide easy ammunition to the post-colonial critic is thus impossible to imagine, but the very ease with which such criticisms are currently made is symptomatic of a widening gap between the past as a lost, yet real experience, and an academic discourse bent on exploiting the past as a platform for the reaffirmation of its own, rigid and predictable, rhetoric. The charged history of Western presence in the non-Western world cannot be fruitfully approached with the stereotyped vocabulary that, for the umpteenth time, would convict the imperialist while flattering the native. Ironically, it is those least tolerant of the concepts of progress held by past societies who most earnestly trust in the progressive quality of their own positions.⁸²

Nor does an explanation setting up Western dictate against Chinese contest and reinterpretation prove helpful to our understanding of Dr Wu Liande and his creation, the Manchurian Plague Prevention Service. Through almost thirty years of work in China, from 1908 to 1937, Wu made an exceptional contribution to his ancestral land, in which — his memoirs make it plain — he often felt a foreigner. He was the right man in the right place, a civil servant whose due regard for the privileges of power earned the trust of the gentry and the warlords. He relied on such protection to carry out his work: founding hospitals, promoting scientific research, and (a campaign which, in his younger days in Malaya, had landed him in serious trouble with the colonial authorities) fighting against drugs and

⁸² Ruth Rogaski, 'Hygienic Modernity in Tianjin', in Joseph W. Esherick (ed.), *Remaking the Chinese City: Modernity and National Identity, 1900–1950* (Honolulu, 1999), discusses the efforts of several municipal administrations to make Tianjin a cleaner place, in line with the often bigoted views of French and Japanese, as well as Chinese, officials on the definition of a clean environment. Dirt and the danger of cholera existed only in the foreigners' imagination; as to Chinese reaction to the sanitary campaigns in the city, it consisted of 'translation, contestation and negotiation' (p. 30). The 'people of Tianjin', we learn, 'interpreted, mediated, and contested' their public health administration (p. 39), emerging in the end with a modernity 'reinterpreted and reshaped in unique ways' (p. 46). It is doubtful whether such abstractions corresponded to any reality beyond the author's preconceived image of the colonial encounter.

drug dealers.⁸³ His unambiguous equating of himself with Western medical science, institutionalized health care and state-monitored sanitation made him an ambassador of modernity for some of China's young intellectuals, the 'returned students' from whose ranks he recruited Western- and Japanese-trained doctors to complement the predominantly foreign staff of the Plague Prevention Service.⁸⁴

Raised in the lap of a colonial empire, Wu Liande easily fitted into a modernizing China busy with the assimilation of a broad range of ideas, which (from Darwinism, through sanitary policy to literary theory) all seemed to provide the key to Western might and the reason for Chinese inadequacy.⁸⁵ For all his European education, Wu was not 'ashamed to be Chinese' — and Baron Budberg, who disliked him for speaking English and wearing Western clothes, and even more for reaping the lion's share of glory in the end of the anti-plague campaign, missed much in the man who cultivated a genuine respect for Chinese tradition, but refused to identify it with what he believed were backwardness and superstition.⁸⁶ It was precisely as a pioneer Chinese physician that Wu was so conspicuously avid for fame and recognition. The power bestowed upon him during the plague epidemic allowed him to prove himself the equal, or indeed even the better, of his European peers, and his policy amounted to what Budberg, in his

⁸³ 'Is it imaginable that the world will continue to tolerate such a condition of affairs, in which a nation, numbering nearly one third of the human race, eminent in history and brimful of future possibilities, harmless, peaceful, and industrious, is being slowly poisoned to death by the callousness of morphine-producing countries and the rapacity of a mere handful of manufacturers and smugglers?': from Wu Liande's article of 1920, repr. in *North Manchurian Plague Prevention Service Reports, 1918–1922* (Tientsin, 1922), 247. A Queen's scholar though he was, Wu did not hesitate to say that the morphine which found its way to China via Siberia and Japan came 'mainly from two firms in Edinburgh and one firm in London': *ibid.*, 243–6.

⁸⁴ See a table of the Service's senior medical officers in Nathan, *Plague Prevention and Politics in Manchuria*, 79–80; cf. Wu Lien-Teh, *Plague Fighter*, 386.

⁸⁵ On one of the ideas that Wu promoted, the medical police as a tool to combat epidemics and monitor public health, see Bridie J. Andrews, 'Tuberculosis and the Assimilation of Germ Theory in China, 1895–1937', *Jl History of Medicine and Allied Sciences*, lii, 1 (1997), 129–32. It was a German model adopted in Meiji Japan and put into practice by the Japanese in South Manchuria; in Mukden, as Benedict, *Bubonic Plague in Nineteenth-Century China*, 156–60, shows, the newly formed Chinese police force was widely used during the epidemic of 1910.

⁸⁶ For his criticism, see Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 76, and ch. 8, 'Chinesische Ärzte, 1910/1911'. A lifelong collector of Chinese medical books, Wu went on to co-author (with Wang Jimin) a *History of Chinese Medicine* (Shanghai, 1932), which remains in use to this day.

short period as a representative of Western medicine in Fujiadian, had refused to provide: the wholesale transfer to the Chinese town of measures employed in Russian Harbin, with no accommodation to traditional perceptions or cultural sensitivities.⁸⁷

By the time his book on the Manchurian plague appeared with a small Baltic publisher in Hamburg, in 1923, Baron Roger Budberg had served two terms of imprisonment under trumped-up accusations of espionage. The experience had left him a broken man, and an enemy of Russian Harbin. This and the grudge he bore against Zabolotnyi (back in 1911 he had challenged him to a duel, which the professor managed to avoid), as well as the rankling insult of having been denied the chance to present his research on the plague at the Mukden conference, come out at least as important in his memoir as does his indignation at the treatment of Chinese patients in plague time.

Budberg's marriage in 1907 to a destitute young girl from one of the small Chinese towns near Harbin, together with his mastery of the Chinese language, enabled him to develop contacts with the lowest and most humble layers of a society that remained closed to all but a few of his compatriots. An expert gynaecologist who also served as Harbin's chief prison physician, he gained entrance into the world of prostitutes and criminals. This privileged insight lent his writing (there were, among the published works, two other remarkable books in Russian and many journal articles) an immediacy unmatched by any other Western commentator.⁸⁸ His own disappearance from memory is a gaping hole in the historiography

⁸⁷ See R. [Roger Budberg], 'Die Pest in Charbin', *St Petersburg Zeitung*, no. 355, 23 Dec. 1910 (5.1.1911 NS), 9; Budberg, *Bilder aus der Zeit der Lungenpest-Epidemien*, 22–3. As he described it, Budberg was expected either to transplant to Fujiadian the Russian anti-plague system, flying squads and all, or else just to leave the Chinese alone. It was, however, his opinion that some Chinese facilities should be transferred to Harbin instead: Fujiadian, he believed, had a better-organized police force than Harbin, a well-functioning system for the collection and disposal of refuse (such that Harbin did not possess) and, importantly in plague time, methods of keeping records of the clients of inns and opium dens — establishments which in Harbin escaped any municipal control.

⁸⁸ *Memuary Doktora-Meditsiny R. A. Barona Beningsgauzen-Budberg* (Harbin, 1925) narrated the ordeal of his arrests in 1915 and 1919, and his struggle to restore his good name amid incessant plotting and conspiracy theories partly the creation of his own mind. A polemic autobiography unlike any other, it provides a public portrait of Harbin over two decades and an intimate one of cultural and emotional immersion into Chinese society. In his last book, R. A. Baron Budberg, *O zhizni: besedy akushera* [On Life: The Conversations of a Male Midwife] (Harbin, 1926), he was finally

(cont. on p. 181)

of Russian–Chinese relations in Manchuria, a neglect inexplicable even by the limited availability of his works.⁸⁹ What Budberg saw in the streets of Fujiadian, in the fields beyond the borders of the city, in the cemeteries and burning grounds of the plague's victims, he captured with his camera — the 140, mostly original, photographs in *Bilder aus der Zeit der Lungenpest-Epidemien* add up to a portrait of Harbin strikingly different from the familiar sights of Russian churches and busy shopping streets.⁹⁰ Baron Budberg's love for China, however, could also be paternalistic inasmuch as he expected the Chinese to conform to his idealized image.⁹¹ This is another reason to read him critically, though not to dismiss the most attentive and empathetic observer of Chinese Harbin. Rather than employ the standards of our own age and environment to pass judgement on those whose testimonies of the past we read, we would do well to make out their motives and perceptions. It will then emerge that individuals' views may both reflect and stand in opposition to what we know were the prevalent views in the societies in which they lived. The effort to understand the past on its own terms does not imply suspension of critical judgement, which does become irrelevant once historical agents are reduced to being faceless representatives of their social milieu or of the institutions to which they belong. Accepting that individuals have a capacity

(n. 88 cont.)

ready to address the Russian public he had so often criticized in his writings, but with whom he had never had a dialogue. Begun and concluded with the same quotation from Confucius, this book revealed some of the intellectual sources of Budberg's inspiration, and the increasingly mystical turn that his thought took in later years.

⁸⁹ No mention of Budberg, nor any awareness of his writings, can be found in secondary literature. Quested, *'Matey' Imperialists?*, 276, 280, 291, is once again the only valuable exception, though noting Budberg's as the only marriage between a Russian man and a Chinese woman in Harbin, the author was misled into describing him as a Buddhist who 'wore a long Chinese gown', and his wife as 'a businesswoman who owned a steamer plying the upper Sungari'. The steamer *Harbin* was Budberg's own; he may have worn gowns but never considered himself a Buddhist; Li Yuzhen was fourteen at the time of her marriage, and not yet twenty-seven at her death.

⁹⁰ The book is also a major contribution to plague literature and iconography, but, in this context too, it is entirely forgotten. The only reference is an entry in an exhibition catalogue: see Hans Wilderotter (ed.), *Das grosse Sterben: Seuchen machen Geschichte* (Berlin, 1995), 139.

⁹¹ See esp. Roger Baron Budberg, 'Vom chinesischen Zopf', *Deutsche medizinische Wochenschrift*, xxxviii, 30 (25 July 1912), 1421–2, a vitriolic response to the queue-cutting movement that had reached North-East China with the accession of Yuan Shikai in March 1912.

for moral choice, we should proceed to evaluate their actions and statements within the range of alternatives (and, one might add, the vocabulary) available to them.⁹² We must, in turn, be prepared to face the challenge of genuine history writing: the greater the amount of information we uncover, the more difficult it becomes to impose a ready-made grid, whether a covering law or a political theory, upon the infinite diversity of human reaction.⁹³

Chinese menial workers were unable to record their plague experience. Understanding their perspective is essential, and would appear to most of us today as a more urgent task than assessing the epidemic's impact on diplomatic relations or tracing its contribution to the rise of modern medicine in China. To look at the plague through the eyes of its victims would not, however (even had surviving records allowed us to do so), suffice to describe what 'the plague' was like. Thus the Chinese side encompassed many other social groups, each certain to have had a different outlook on the epidemic: officials of local and alien origin within the North-Eastern administration; traditional practitioners versus Western-trained doctors and the non-professional medical staff; the urban and countryside population of Manchuria; and merchants and long-term settlers, as opposed to migrants and sojourners. On the Russian side, the plague meant different things to Harbin residents, to the student volunteers and to members of the scientific delegation from St Petersburg; it brought to the fore a struggle for power between the Russian civilian and military authorities, and highlighted racial tensions not only between Russians and

⁹² Isaiah Berlin, 'Historical Inevitability' (1953), in his *The Proper Study of Mankind: An Anthology of Essays*, ed. Henry Hardy and Roger Hausheer (London, 1998), has lost nothing of its power of persuasion as a rebuttal of determinism in all its cyclical reincarnations.

⁹³ D. K. Zabolotnyi did not come to Manchuria to cure the sick, but to study the origin and symptoms of the plague and to prevent its spilling over into Russian territory. Indeed, assistance to plague patients did not figure in the 25-point programme that he and his team drafted on the train journey from St Petersburg to Harbin: see Zabolotnyi, *Izbrannyye trudy*, i, 211–12. In 1910–11, he was already on his second stay in China, and he had previously observed plague in Arabia, India, Persia and Scotland. It is perhaps not wholly irrelevant to the 'larger picture' that during his time as head of the Russian medical organization in Harbin he adopted an orphaned Chinese child, a survivor of the plague, whom he later raised as his son.

Chinese, but also within the Russian community itself.⁹⁴ The list could be prolonged indefinitely; in the end, no matter how thick the book we write, we shall never be able to do full justice to the polyphony of history's voices and had better recognize the choices that we are compelled to make.⁹⁵

I have argued here that in the plague epidemic of 1910–11 the lower-class Chinese, who were the plague's main victims, were regarded as expendable by both the Russian and Chinese administrations, and that the coercive policy which Russia was applying within its railway zone was carried out with the consent and active participation of the Chinese state. I have tried to show first that good evidence exists to support my interpretation, and second that the plague, as I described it, is by necessity an imaginative reconstruction. Yet, as the foregoing discussion made clear, to admit this is not to detract from the validity of the argument. Demand for the 'native voice', coming as it does with knee-jerk prejudice against any form of Western involvement in late colonial Asia, has prompted this article to contend, along with an uprooted Baltic nobleman who tried to find a homeland in Manchuria, that a voice was the one thing possessed by all the historical agents we study; indeed, that to discover and interpret the voices and thoughts of the past without drawing a class, gender or race distinction between them is what we are here to do. Natives and colonialists alike, people in Manchuria in the winter of 1910 shared the same emotions which the threat of a deadly epidemic had triggered in the past and will continue to evoke in the future. Chief among these are fear and suspicion of the other, and the anxiety of those not yet infected to segregate themselves from plague's victims, both real and perceived.

Tel Aviv University

Mark Gamsa

⁹⁴ The friction between province and metropole comes out clearest in Petr S. Tishenko, *Kitaikaia Vostochnaia Zheleznaia doroga, 1903–1913 gg.* [The Chinese Eastern Railway, 1903–1913] [Harbin, 1914], 136–7. Belittling the impact of outside help, this author insisted that the decisive contribution to anti-plague efforts was made by the CER and its medical staff. In turn, the diary of R. A. von Arnold (see n. 1 above) reflects a power struggle between the CER, to which von Arnold's own Police Department belonged, and the Harbin City Council. Here too, all success is attributed to the CER while the initial failure to prevent the plague's spread into Harbin is related to the cowardice of Jewish doctors, whom the Council had hired.

⁹⁵ See the discussion in Miles Fairburn, *Social History: Problems, Strategies and Methods* (Basingstoke, 1999), ch. 1, 'The Problem of Absent Social Categories'.