

## Japanese Occupation and Public Health in Qingdao: The Case of the Cholera Epidemic in 1919

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### *Abstract*

This paper deals empirically with the influence of modern medicine on the Chinese port city Qingdao. The paper investigates thoroughly the cholera epidemic of 1919 and the measures of the Japanese military government in Qingdao. The aim of the paper is to give the research concept “multiple modernity” an empirical basis.

Qingdao developed as one of the major hubs of the regional and international trade and traffic networks in East Asia. At the same time epidemics were dragged there several times. One of these was the cholera epidemic of 1919. This paper explores, which measures were taken against this epidemic by the Japanese military governor in Qingdao, what were the specificities of these measures, and how the Japanese army controlled Chinese residents on the Qingdao Peninsula. On a scientific basis, the Japanese military government in Qingdao took very hard and interventionist measures against Chinese residents, who were suspected of being infected with cholera.

The cholera epidemic of 1919 indicates that Western medicine has to be given a double meaning under colonial conditions. On the one hand, the precautionary measures against cholera were to be carried out quite strictly under colonial domination, whereas such strict scientific-based measures strengthened the Japanese colonial rule in Qingdao. This shows one of the aspects of “multiple modernisation”, namely the combination of Japanese modernisation which followed western model and its superfluous exercise of the model of colonial rule in Asia.

### *Zusammenfassung*

Der vorliegende Beitrag behandelt empirisch den Einfluss der modernen Medizin auf die chinesische Hafenstadt Qingdao. Dabei recherchiert der Beitrag eingehend die Cholera-Epidemie von 1919 und die Maßnahmen der japanischen Militärregierung in Qingdao. Das Ziel des Beitrags besteht darin, dem Forschungskonzept „Multiple Modernität“ eine empirische Basis zu geben.

Mit der Entwicklung der Stadt Qingdao zu einem bedeutenden Knotenpunkt der regionalen und internationalen Handels- und Verkehrsnetzwerke in Ostasien wurden Epidemien mehrmals dort eingeschleppt. Eine davon war die Cholera-Epidemie von 1919. In dem vorliegenden Beitrag wird untersucht, welche Maßnahmen gegen diese Epidemie der japanische Militärgouverneur in Qingdao traf, welche Besonderheiten diese Maßnahmen hatten und wie die japanische Armee chinesische Einwohner auf der Qingdao-Halbinsel kontrollierte. Auf naturwissenschaftlicher Basis traf die japanische Militärregierung in Qingdao unter dem Namen der Prävention sehr harte und interventionistische Maßnahmen gegen die chinesischen Einwohner, die als cholerainfiziert verdächtigt wurden.

Die Cholera-Epidemie von 1919 weist darauf hin, dass der westlichen Medizin unter kolonialen Bedingungen zwei Bedeutungen zukamen. Zum einen waren die vorbeugenden Maßnahmen gegen die Cholera erst unter der kolonialen Herrschaft so streng durchzuführen, während solche strengen wissenschaftsbasierten Maßnahmen zum anderen die japanische Kolonialherrschaft in Qingdao verstärkten. Das zeigt einen der Aspekte der „Multiplen Modernisierung“, nämlich die Kombination einer das europäische Modell nachahmenden Modernisierung Japans mit einer überflüssigen Ausübung dieses Modells zur kolonialen Herrschaft in Asien.

1. Introduction

Qingdao was well known as the bottleneck of ocean traffic in East Asia. Around the First World War (WWI), as many sea routes had been established, this city was connected directly with Dalian, Shanghai and Korea (LUAN 2009, ASADA 2011). In addition, Qingdao was also an important area of the surface traffic, because the Shandong Railway was operating between this city and inland areas such as Jinan. The population size of Chinese residents at Qingdao and Licun, a suburb of this city, was about 200,000 in 1910s. After the Japanese occupation officially started in Qingdao 1914, over 20,000 Japanese people also lived in this city (Tab. 1). In short, Qingdao was the port city on the crossroads of foreign trade and domestic mobilisation.

Tab. 1 Population in Qingdao, 1920. Source: *Qingdao Shubigun Shireibu* 1920

		Qingdao (青島)	Licun (李村)	Other Areas
Japanese	Total	19,689	520	6,315
	Male	10,481	290	3,567
	Female	9,208	230	2,748
Chinese	Total	82,680	109,982	374
	Male	54,027	60,289	301
	Female	28,453	49,693	73
Foreigner	Total	698	0	0
	Male	333	0	0
	Female	365	0	0
	Total	103,037	110,502	6,689

Mainland China experienced epidemic cholera in 1919. This paper discusses the preventive measures established by the Japanese authorities in Qingdao with focus on how the Japanese Army controlled Chinese residents on the Qingdao Peninsula.

2. Start of the Japanese Rule and Infrastructure at Qingdao

At the start of WWI, Japan sided with the allied powers and took over German colonial enclaves on the continent. When the Japanese occupation started in 1914, the Japanese Army therefore took over the intact German colonial infrastructure (HONJO 2006). In short, compared with other Japanese colonies such as Taiwan and Korea, many public facilities had been already established in Qingdao when the Japanese army started their occupation. For example, an iron pipe waterworks system had been established in 1908. Although this water system was destroyed by the German navy during WWI, the Japanese army repaired it after their takeover and restarted the water supply all over the city in June 1915 (*Qingdao Shubigun Minseibu* 1920). In other words, the Japanese authority did not construct modern Qingdao but continued and developed German practices.

Medical facilities such as hospitals were in the same situation. Qingdao Hospital, a general hospital mainly for Japanese residents, was originated by Germans as the governor-general hospital, and *Taixi* town hospital for infectious disease patients was previously the isolation hospital at the quarantine station established by the Germans (*Qingdao Shubigun Minseibu* 1920).

In addition to the infrastructures, the Japanese authorities often used the information collected and compiled by Germans. For example, the German authority made investigations into the condition of infectious diseases such as dysentery and cholera across Shandong province, not only at Qingdao in early 20<sup>th</sup> century (*Qingdao Shubigun Minseibu* 1920). The Japanese army usually exploited their reports as the basic information in order to rule Qingdao. In the report of sanitary conditions at Qingdao, the Japanese authorities praised the German system such as the proscription of Chinese residents in the central city, the construction of hospitals and water supply (*Qingdao Shubigun Minseibu* 1920).

### 3. Cholera Epidemic and Preventive Measures in 1919

Cholera entered Qingdao through ships arriving from Dalian and Shanghai in 1919. Most cholera patients appeared in the population of *coolie*, poor dockworkers, and residents on the water. Of the 526 cholera patients of this year (Tab. 2), almost 80 % were Chinese natives (*Qingdao Shubigun Densenbyo Yoboiin Honbu* 1919).<sup>1</sup>

Tab. 2 The Number of Cholera Patients and Death in Qingdao 1919. Source: *Qindao Shubigun Shireibu* 1920

	Area	Qingdao (青島)	Licun (李村)	Fangzi (坊子)	Jinan (濟南)	Total
	Period	7/9–10/11	8/20–10/1	9/13–9/29	8/24–9/23	7/9–10/11
Japanese	Cured	60	0	1	16	77
	Death	24	0	1	3	28
Chinese	Cured	124	20	0	14	154
	Death	201	58	0	3	267
Total		409	78	2	32	526

The Japanese authorities established *Densenbyo Yobo Honbu* (The center for infectious disease control) and started their sanitation campaign. The most important character of this was an obsession with cholera germ finding. The authority thoroughly practiced bacteriological investigation to determine whether or not a patient had cholera. In addition, they established a system of isolation hospitals and began a trial of cholera prevention vaccine (HAYAKAWA 1920).

The object of cholera prevention, based on bacteriological testing, was “very scientific” – to use their own words (*Qingdao Shubigun Densenbyo Yoboiin Honbu* 1919). This meant also the disuse of preventive measures from the past. For example, this scientific practice shortened the time of ship retention by quarantine to less than 24 hours to identify the cholera germs. When we remember that Western countries criticised the Meiji government maritime

<sup>1</sup> About the information and data of the cholera prevention in Qingdao, this paper has relied on this report.

quarantine as too outdated, the preventive measures in Qingdao used the latest science to detect cholera – quite a reversal of older Meiji practices.

Because most cholera patients were Chinese residents, according to their population percentage in Qingdao (cf. Tab. 1 and 2) the preventive measures such as bacteriological investigation, isolation and inoculation were mainly practiced on the natives. The Japanese authority emphasized the germ theory and taught them the knowledge of cholera prevention by distributing the pamphlets in Chinese language (Fig. 1).

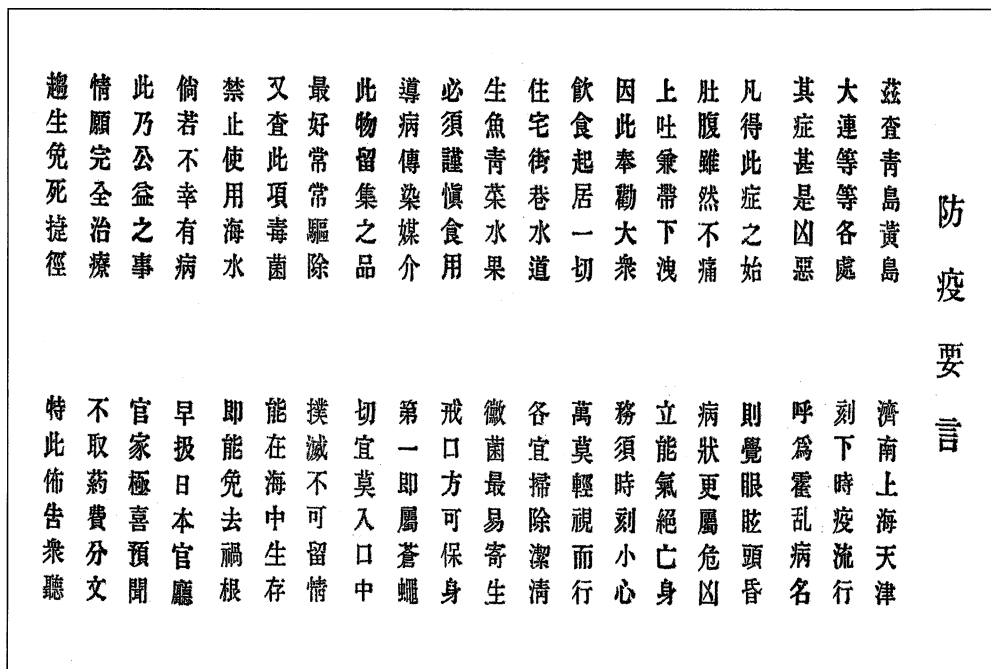


Fig. 1 Fang yi yao yan (The Notice to Prevent Cholera). Source: *Qingdao Shubigun Densenbyo Yoboiin Honbu* 1919

However, there were many difficulties in examining Chinese natives by Japanese doctors because their opposition to Western medicine directed by the Japanese was too strong. For example, Chinese residents often concealed cholera patients and casted corpses anywhere because they feared compulsory measures such as isolation and inoculation. Therefore, the Japanese authority had to employ Chinese doctors and accept their examination through Chinese traditional medicine. In other words, a dual system developed, in which the Japanese authority practiced preventive measures such as isolation and inoculation, and Chinese doctors examined the natives in their own way.

#### 4. Extension of the Border

The Japanese focused their aim of cholera prevention on two objects. The first one was geographical: In order to prevent cholera diffusion from other areas to Qingdao, the Japanese

authority practiced quarantine on the Shandong Railway and carried out stool investigations of passengers from infectious areas. This measure was extended from Qingdao city to other cities such as Jinan even though it was not a Japanese administrative district (cf. Fig. 2) The Japanese authority asserted this in order to protect the Japanese residents in Qingdao from cholera.

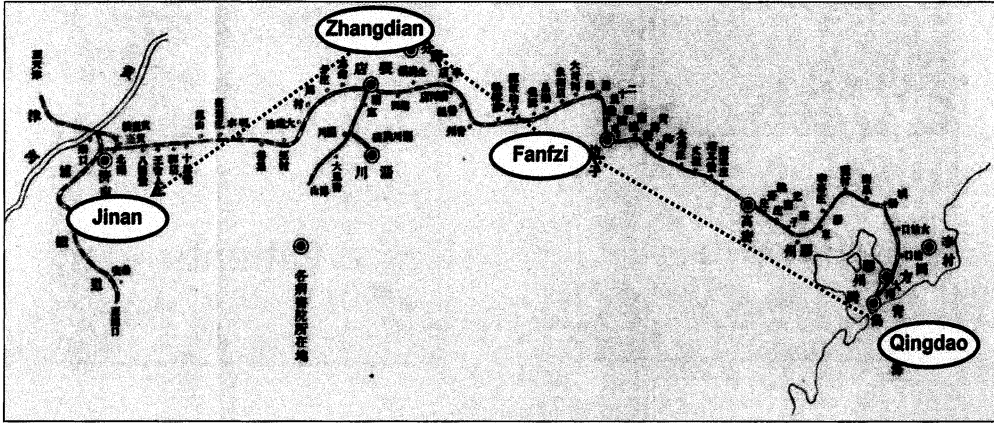


Fig. 2 The Map of Cholera Prevention in Qingdao 1919. Source: *Byoin Yoran* 1921

The second point was to expand the scope of isolation practices. The Japanese authority adopted the isolation based on *Densenbyo Yobo Ho* (The Infectious Disease Act) not only for cholera patients but also cholera carriers. According to bacteriology in this period, many researchers pointed out that, even if symptoms did not appear, the human body maintained cholera germs for about 10 days, they therefore had the ability to spread cholera (SAITO 1915). Therefore, the Japanese authority dealt with cholera carriers as quasi patients.

In addition, the object of isolation was not only cholera carriers. In order to identify cholera carriers out of many residents, the Japanese authority dealt with contact persons near patients as *Kenko Kakurisha* (Healthy isolation people) and practiced isolation (*Qingdao Shubigun Densenbyo Yoboiin Honbu* 1919). On these healthy isolation people, the Japanese authority repeated bacteriological investigation so that the negative cases were set free and the positive cases were isolated in lazaretto as cholera carriers. In short, by using the bacteriological investigation, the Japanese authority dealt with families and colleagues as semi-cholera-patients. In this way, they identified the infectious and non-infectious among the Chinese population.

According to the report of the cholera epidemic compiled by the Japanese army, the main cost for the cholera prevention was *Chikuzohi* (construction expense) (*Qingdao Shubigun Densenbyo Yoboiin Honbu* 1919). The reason is, that the Japanese authority had to construct new cholera lazarettos not only for patients but also for “healthy isolation people”. Leastwise, the same source material shows the establishment of these three types of lazarettos at *Taixi*, *Huangdao* and *Zhangdian*. Basically, the Japanese report insisted that the cholera prevention in Qingdao was a success story because the total number of patients was limited to 500. The reason of this is presumed to the result of massive investments, an impressive percentage of cured Japanese (cf. Tab. 2) and invasive measures applied to the natives.

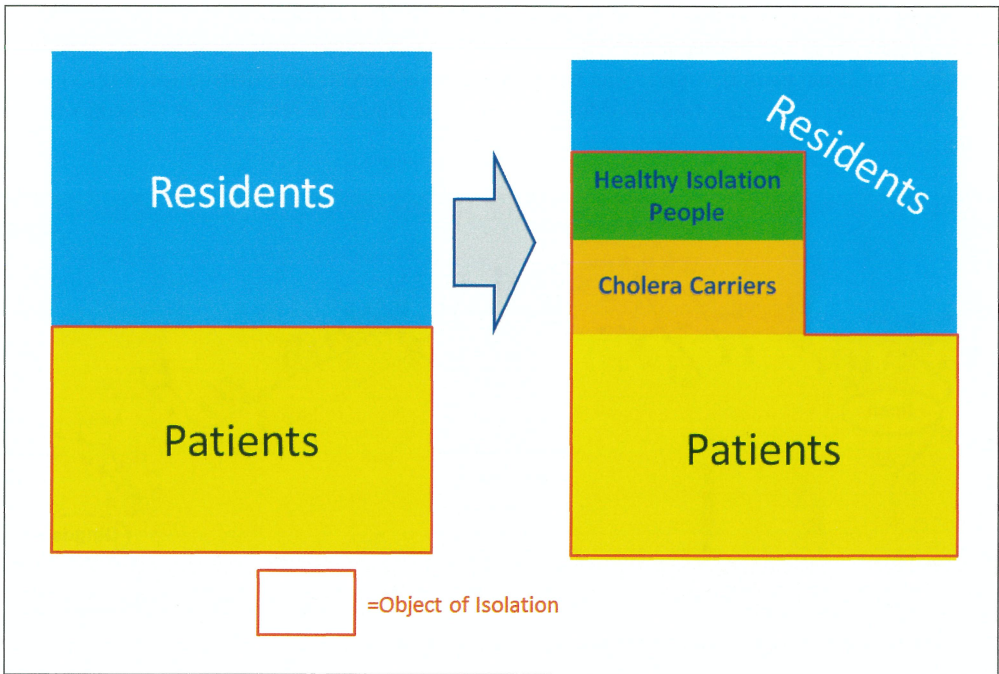


Fig. 3 The change of isolation borderline

## 5. Concluding Remarks

To conclude, firstly the cholera prevention by the Japanese authority in Qingdao was very interventionist. For example, they examined people by bacteriological investigation not only at Qingdao but also in surrounding areas.

Second point is the extension of preventive measures. As mentioned above, the city authority practiced the strict control over the behaviour of not only cholera patients but also the people near the patients. In contemporary outbreaks of cholera, for example in Yokohama (1916) and in Tokyo (1925), the city authority reported cholera carriers. However, they did not practice the quarantine of healthy people in order to identify the carriers like in Qingdao. The strict measure at Qingdao was possible because the object of prevention was very clear. The Japanese army was able to practice their “scientific way” to Chinese residents infected with cholera bacillus through the wide ranging powers over the native population during their occupation.

## References

- ASADA, Shinji: *Doitsu Tochika no Qingdao* [Qingdao under German Rule: Economic Liberalism and the Colonial Social Order (in Japanese)]. Tokyo: Daigaku Shuppankai 2011
- Byoin Yoran 1921
- HAYAKAWA, K.: *Taisho Hachinen Qingdao ni Ryuko Seshi Cholera ni Tsuite* [The Report on the Cholera Epidemic in 1919 Qingdao (in Japanese)]. *Gun'i dan zasshi* [The Journal of Army Surgeon] 97 (1920)

- HONJO, Hisako: Koshuwan Soshakuchi Naigai niokeru Nihon no Senryochi Tochi [Japanese Occupational Rule inside and outside of Jiaozhou Bay Leased Land (in Japanese)]. In: HONJO, H. (Ed.): Nihon no Qingdao Senryo to Shandong no Shakaikeizai. 1914–1922 (in Japanese) [The effects of the Japanese occupation on the economy and society of Shandong]. Tokyo: Toyobunko 2006
- LUAN, Y. K.: Qingdao no Toshikeiseishi. 1897–1945 [The History of Qingdao City Formation (in Japanese)]. Kyoto: Shibunkakushuppan 2009
- Qingdao Shubigun Densenbyo Yoboiin Honbu* [The Center for Infectious Disease Control of Qingdao Occupation Army]: Qingdao Shubigun Cholera Yobokiji [The Report on the Cholera Prevention by Qingdao Occupation Army]. Qingdao 1919
- Qingdao Shubigun Minseibu* [Civil Government Service of Qingdao Occupation Army]: Qingdao no Eisei (in Japanese) [Public Health in Qingdao]. Qingdao 1920
- Qingdao Shubigun Shireibu* 1920
- SAITO, K.: Cholera hokinsha nitsuite [The Research on the Cholera Carrier (in Japanese)]. Nihon Biseibtsu Gakkai Zasshi [The Japanese Journal of Microbiology] 2/1 (1915)

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